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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]** |

**ARC/STSA SITE VISITOR APPLICATION PACKET**

All data entry areas are expandable – simply enter text and the box will expand accordingly. To add additional rows to a table, place the cursor in the bottom, right box and use the “tab” key to add rows.

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| Name: |  |
| Credentials: (academic degrees, licenses, certifications to be listed on visit notifications ) |  |
| Date: |  |

Home Contact Information:

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| Address: |  |
| City, State, Zip: |  |
| Home Phone: (if applicable) |  |
| Cell Phone: |  |
| Email: |  |

Work Contact Information:

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| Title/Position: |  |
| Employer: |  |
| Address: |  |
| City, State, Zip: |  |
| Office Phone: |  |
| Email: |  |

Preferred methods of communication (note - confidential materials are sent to personal email addresses):

[ ]  Personal Email [ ]  Work Email [ ]  Work Phone [ ]  Cell Phone

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Emergency Contact Name/Phone (**optional**):

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Have you attended ARC/STSA Site Visitor Training? [ ]  No [ ]  Yes Date Attended:

Are you currently an educator? [ ]  Yes [ ]  No

 If YES, are you:

 Working for a CAAHEP-accredited program? [ ]  Yes [ ]  No

 Currently: [ ]  ST/SA program director [ ]  ST/SA faculty member [ ]  Allied health dean

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If NO, are you: [ ]  retired educator [ ]  practitioner [ ]  other, please specify:

Would you like to be considered, based upon your qualifications, for:

[ ]  ST program visits [ ]  SA program visits [ ]  Both ST and SA program visits

Have you been a site visitor in the past three years for any other accrediting agency? [ ]  Yes [ ]  No

If yes, please list which agency or agencies and dates associated:

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Approximately how often are you able to serve as an **on-site evaluator**?

[ ]  Annually [ ]  Semi-Annually [ ]  Monthly [ ]  Other

If other, please specify:

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In a crisis or extenuating situation, site visits may be completed virtually. Are you comfortable serving as a **virtual site visitor** using video conferencing platforms, electronic records and/or a variety of Learning Management Systems (LMS)? [ ]  Yes [ ]  No

If yes, approximately how often are you able to serve as **virtual evaluator**?

[ ]  Annually [ ]  Semi-Annually [ ]  Monthly [ ]  Other

If other, please specify:

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Please list your home airport(s) and distance from your home:

Airline Information:

|  |  |  |
| --- | --- | --- |
| Airline | Frequent Flyer Number | Seat Preference |
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Hotel Information:

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| --- | --- | --- |
| Hotel | Rewards Number | Room Preference |
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Additional Travel Information: (AARP Membership, AAA Membership)

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| Organization | Membership Number |
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Any dietary restrictions that you would like us to share with the program you are visiting? [ ]  Yes [ ]  No

If yes, please list restrictions:

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| Comments/Additional Information: |

Please provide details below to accompany the information provided in your resume:

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| Credentials: |  |
| Certification #: |  | Expiration: |  |
|  Licenses, Registration #’s: |  |

Current Employer Information (Employer listed above under contact information page 1):

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| Brief Description of Job Duties: |  |
| Length of Time Employed: |  |

Service as a Preceptor: [ ]  Currently [ ]  In previous position [ ]  Not Applicable

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| Date(s) | Hospital/Facility Name | Preceptor for ST or SA students? |
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| Why would you like to be an ARC/STSA Evaluator? |

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| How do you view your role as an ARC/STSA Evaluator? |

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| Please explain how you would resolve a conflict with another team member or program personnel: |

**SITE VISITOR CONFLICT OF INTEREST & CONFIDENTIALITY STATEMENT**

The ARC/STSA seeks to ensure a fair and objective review of all programs. Therefore, **site visitors must avoid both the reality and the appearance of a conflict of interest and disclose such instances to ARC/STSA staff prior to accepting each visit assignment**. For the purposes of this statement, a conflict of interest is defined as:

“A circumstance in which an individual’s capacity to make an impartial or unbiased accreditation decision may be affected because of prior, current, or anticipated institutional affiliation(s), other significant relationship(s), or association(s) with the institution under review.”

Activities that could cause a conflict of interest include but are not limited to:

1. Service on a visit to an institution or school system that you (or an immediate family member) are employed by, or have consulted with, in the past two years.
2. Service on a visit to an institution that is a competitor of your institution.
3. Solicitation for employment or consulting contracts with the institution before, during or within two years following the visit.
4. Acceptance of gifts, entertainment, or other favors from an institution before, during or after a visit to said institution.

Information shared with evaluators during the process of an accreditation review is considered confidential and to be used solely for completing official site visit responsibilities, unless otherwise released by the institution.

Unauthorized disclosure or use of verbal or written information acquired while serving as a site visitor for a program is considered a serious breach of confidentiality and can result in dismissal from the ARC/STSA site visitor program.

**CONSENT TO SERVE**

I attest that the information I have provided above and with my ARC/STSA Site Visitor Application packet is accurate. I hereby consent to serve the ARC/STSA as a site visitor and abide by the conflict of interest and confidentiality statements.

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 (Applicant Signature)

(Date)

**EMPLOYER:**

If this employee is approved as an ARC/STSA site visitor, I will make reasonable efforts to grant him/her the opportunity to perform an accreditation review at least once a year.

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 (Employer Signature)

(Date)

***Thank you for your interest in becoming an ARC/STSA site visitor.*** ***Please return this completed and signed application packet, along with all supplemental documentation detailed below, combined into a seamless, bookmarked PDF to*** ***info@arcstsa.org******.***

***Please check that all documents have been bookmarked in the order listed below prior to submission:***

1. Completed, signed and dated application packet (digital signatures are accepted)
2. Current curriculum vitae/résumé, which indicates your experience and qualifications to serve as an site visitor and includes your current position
3. Transcripts for all academic degrees and postsecondary diplomas earned (digital/student copies accepted)
4. Copies of certifications and licensures
5. Site Visitor Agreement Form
6. Proof of attendance at an Accreditation Fundamental for Educators (AFE) workshop within the past three years
7. Proof of attendance at a Beginners Site Visitor Training (SVT-B) workshop within the past three years
8. Proof of completion of the [CAAHEP Site Visitor Quiz](https://quiz.caahep.org/Login.aspx?ReturnUrl=%2f), available online at [www.caahep.org](http://www.caahep.org) within the past three years

***\*If your contact information changes or if there are additions to your resume (ex: new certification, degree or job), please provide these updates to*** ***info@arcstsa.org*** ***as soon as possible.***