



Request for Accreditation Services Transfer of Sponsorship

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a nationally recognized specialized accreditor of allied health education programs. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA), the only non-governmental higher education organization that undertakes recognition of accrediting bodies. CAAHEP works in cooperation with 17 Committees on Accreditation (CoA), representing each of the 18 professions that CAAHEP accredits.

Transferring sponsorship of a program already accredited by CAAHEP is initiated by completing this application, and only at the request of the chief executive officer or designated representative of the institution. A separate application must be completed for each CAAHEP program seeking a transfer.

With the exception of provisional accreditation, CAAHEP accreditation is not time limited. CAAHEP policy requires that a program participate in the comprehensive review process at least once every ten (10) years. Programs may be asked to respond to cited deficiencies through a progress report and to provide an annual report.

There are **no** CAAHEP fees when applying for accreditation services. There may however be CoA fees in relation to the application, self-study and comprehensive review process. Once a program has been accredited an annual institutional fee is assessed by CAAHEP. The CAAHEP annual institutional fee is in addition to any fees the CoA may charge.

All CAAHEP accredited programs appear on the CAAHEP website (www.caahep.org) and are listed in the American Medical Association's (AMA) *Health Professions Career and Education Directory* (published annually).

Please type or print information carefully.

Name of **Current** Sponsoring Institution

Name of **Applicant** Sponsoring Institution

Sponsoring Institution Web Address (if applicable)

Name of regional or national agency that accredits or otherwise recognizes the **Applicant** Sponsoring Institution

The following information applies to the Applicant Institution.

Institutional Type (check one)

- Four-Year College or University
- Junior College or Community College
- Vocational or Technical School
- Hospital or Medical Center
- Academic Health Center/Medical School
- Non-Hospital Health Facility, Blood Bank or Lab
- United States Department of Defense
- United States Department of Veteran's Affairs.

Institutional Control/Ownership (check one)

- Federal Government
- State, County or Local Government
- For-Profit
- Non-Profit (Private or Religious)

Surgical Assisting

Type of Program to be accredited.

Award Granted e.g. Certificate, Diploma, Associate, Baccalaureate etc. _____ Program Length (months) _____

Average First Year Tuition (Resident) _____ Average First Year Tuition (Non-Resident) _____

Maximum Enrollment Capacity _____ Classes Begin (Month) _____ Month/Year Students First Accepted _____

Sponsoring Institution Officials

Chief Executive Officer (please print)	Degree/Credentials	Working Title
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Signature of Chief Executive Officer	Date
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Mailing Address (please print)

City, State and Zip Code (please print)

Area Code and Phone	Area Code and Fax	E-mail
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Dean or Comparable Administrator (please print)	Degree/Credentials	Working Title
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Signature of Dean or Comparable Administrator

Mailing Address- IF DIFFERENT FROM THAT OF THE CHIEF EXECUTIVE OFFICER

City, State, Zip Code- IF DIFFERENT FROM THAT OF THE CHIEF EXECUTIVE OFFICER

Area Code and Phone	Area Code and Fax	E-mail
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Program Director (please print)	E-mail
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Medical Director (if applicable)(please print)	E-mail
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Program Address- ADDRESS APPEARS ON CAAHEP WEBSITE AND IN THE AMA HEALTH PROFESSIONS & EDUCATION DIRECTORY

City, State, Zip Code

Program Phone Number- APPEARS ON CAAHEP WEBSITE AND IN THE AMA HEALTH PROFESSIONS & EDUCATION DIRECTORY

Return this completed accreditation services request to the:

**Accreditation Review Committee on Education in Surgical Technology (ARC-ST)
7108 C South Alton Way
Englewood, CO 80112-2106**

Questions:

Please call the ARC-ST at 303-694-9262 or CAAHEP at 312-553-9355