

**STATE BOARD OF COMMUNITY COLLEGES**  
**Curriculum Program Application**  
**South Piedmont Community College**  
**Surgical Technology (A45740)**

**Program Planning**

South Piedmont Community College is seeking approval for the Surgical Technology (A45740) program to begin Spring, 2023. The planning area is defined as the college's service area of Anson and Union Counties. All colleges were notified of the planning process for this program.

The proposed program was approved by the Board of Trustees at South Piedmont Community College on June 27, 2022. Minutes from this Board meeting were attached to the program application. The President and the Board of Trustees of South Piedmont Community College have certified the following:

- The proposed program will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.
- They have assessed the need for the proposed program and the resources required to maintain a viable program and certify that the college can operate the proposed program efficiently and effectively within the resources available to the college.
- The college will complete a program accountability report including student success measures, enrollment trends, completion rates, and employment data three years after implementation of the program.

**Program Rationale**

South Piedmont Community College (SPCC) indicates the following:

- The Surgical Technology program is proposed to complement the college's current health profession programs and will prepare students for employment as competent entry-level surgical technologists in the hospital setting, specifically in the operating room. Certified surgical technologists oversee a variety of responsibilities before, during and after surgery, including preparing and sterilizing equipment, assisting surgeons, managing instruments and supplies during surgery, and caring for surgical patients.
- According to the Bureau of Labor Statistics, surgical technology employment is projected to grow 9 percent from 2018 to 2028, secondary to surgical intervention increases, due to the advancement in technology and the increase in the aging population. The average wage for surgical technologists is \$50,971 in June 2021.
- The projected unmet need for Surgical Technologists in the SPCC service area is ten per year. SPCC anticipates a first cohort to consist of ten students. The primary target or market for this program includes prospective students in the college's service area that are looking to receive education in an applied science or healthcare field. This is also aimed at satisfying the workforce need for local hospitals. Analysis of the data from these various sources indicates that the need for Surgical Technologists is not being met in SPCC's two-county service area.

- SPCC has been approached by an executive from Atrium Health with requests to explore adding Surgical Technology to our approved health programs due to current and projected staffing shortages. Atrium further offered their assistance in securing equipment for starting the program.
- A letter of support for the program was received from Michael Lutes, the Senior Vice President and President, South Market, Atrium Health Care.

#### **Impact of the Proposed Program on Other Programs**

Twenty-one community colleges are approved to offer the Surgical Technology program. This program does contain a clinical component; therefore, all colleges were provided with a program impact assessment from South Piedmont Community College. Nineteen colleges responded with positive impact assessments in agreement with and support of the program. One college was not in agreement with the impact assessment but did support the program. **One college submitted a negative impact assessment.**

#### **Implementation of Collaborative Plan**

Not Applicable

#### **Curriculum Design**

The proposed program of study is in compliance with the State Board approved curriculum standard.

#### **Curriculum Description as Designated on Curriculum Standard**

*The Surgical Technology curriculum prepares individuals to assist in the care of the surgical patient in the operating room and to function as a member of the surgical team. Students will apply theoretical knowledge to the care of patients undergoing surgery and develop skills necessary to prepare supplies, equipment, and instruments; maintain aseptic conditions; prepare patients for surgery; and assist surgeons during operations. Employment opportunities include labor/delivery/emergency departments, inpatient/outpatient surgery centers, dialysis units/facilities, physicians' offices, and central supply processing units. Students of Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited programs are required to take the national certification exam administered by the National Board on Certification in Surgical Technology and Surgical Assisting (NBSTSA) within a four-week period prior to or after graduation.*

#### **Contact(s):**

Dr. Lori Byrd  
Associate Director



CURRICULUM PROGRAM APPLICATION

College South Piedmont Community College

Program Title Surgical Technology/A45740

Concentration Title N/A  
*(If applicable)*

Program Code A 4 5 7 4 0

Credential *(Indicate the highest credential to be awarded)*

AAS       Diploma       Certificate

Proposed Semester and Year of Implementation

Spring       Summer       Fall      2023

Contact Person (Name/Title): Ryan Anthony Dean, Health and Public Safety

Phone (704) 290-5870      Extension \_\_\_\_\_      E-mail ranthony@spcc.edu

Does this application include the use of a Level III Instructional Service Agreement (ISA)?

Yes       No

*(If yes, please be sure to include the ISA with your application.)*

## I. Program Planning

*Items A and B should be completed in a narrative format. This narrative is limited to three to five pages.*

**A. Purpose:** Provide a narrative which outlines the purpose of the proposed program and demonstrate how the proposed program directly relates to the mission of the college and the college's Institutional Effectiveness Plan. *(Attach additional completed pages.)*

South Piedmont Community College (SPCC), serving both Anson and Union counties in North Carolina, plans to implement a new Associate in Applied Science degree program, Surgical Technology, effective spring 2023. The Surgical Technology program is proposed to complement the college's current health profession programs, and will prepare students for employment as competent entry-level surgical technologists in the hospital setting, specifically in the operating room. Certified surgical technologists oversee a variety of responsibilities before, during and after surgery, including preparing and sterilizing equipment, assisting surgeons, managing instruments and supplies during surgery, and caring for surgical patients. The projected start date for the program is spring 2023 for the initial cohort, with enrollment of future cohorts each subsequent Fall semester. The projected unmet need for Surgical Technologists in the SPCC service area is ten per year. (Appendix 1) Based on this, we anticipate our first cohort to consist of ten students. The primary target or market for this program includes prospective students in the college's service area that are looking to receive education in an applied science or healthcare field that will lead to gainful employment upon completion. This is also aimed at satisfying the workforce need for local hospitals. Analysis of the data from these various sources indicates that the need for Surgical Technologists is not being met in SPCC's two county service area or in the surrounding metropolitan area. SPCC has also been approached by executives from the two major healthcare systems in the area, Atrium Health and Novant Health, with requests to explore adding Surgical Technology to SPCC's catalog of current health programs. Due to current and projected staffing shortages SPCC has a long standing history of offering a host of Allied Health and Nursing programs, some of which have received accreditation by the Commission on Accreditation of Allied Health Education Programs or CAAHEP. These include Diagnostic Medical Sonography and Medical Assisting. The Associate Degree Nursing and Licensed Practical Nursing programs are approved by the NC Board of Nursing. All programs continue to remain in good standing with these agencies. SPCC maintains close business partnerships with the Atrium Health and Novant Health healthcare systems to offer meaningful clinical experience rotations as an integral and substantial part of the educational process. The Surgical Technology program will also take advantage of these relationships to ensure that the students rotate through a variety of surgical subspecialty areas as required for CAAHEP accreditation of the Surgical Technology program.

**B. Rationale:** Build a narrative case for starting the new program. (See instructions provided on page 4.) *(Attach additional completed pages.)*

The proposal for the adoption of the Surgical Technology program grew out of research conducted as part of SPCC's Institutional Effectiveness Procedures, which emphasize a

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strategic planning process of continuous improvement through the use of tools such as environmental scanning, annual program review, and program advisory committee feedback. A needs analysis, which also supports the need for the new program, includes discussions between SPCC's senior leadership and executives from the two major regional healthcare systems, who cite a current and projected future shortage of surgical technology employees in college's service and surrounding area hospitals. Creation of the Surgical Technology program will produce graduates with job-ready skills, and will support SPCC's 2018-2023 Strategic Plan's focus areas of Student Success and Business/Industry Partnerships, which includes enhancing business and industry partnerships to provide programming that meets the current and future needs of employers. SPCC's mission is: To foster life-long learning, student success, and workforce and community development. The implementation of the Surgical Technology program directly ties into and supports the college mission by providing graduates the skills needed to successfully transition into the workforce while offering a program of study that meets the community's need for graduates. The proposal for the Surgical Technology degree was reviewed and approved by the faculty of the School of Allied Health and Nursing and by SPCC's Curriculum Team, which internally approves all curriculum changes and new curriculum programs. This team is composed of faculty, who serve as voting members, and staff, who serve as advisory members. SPCC has also been approached by an executive from a major hospital group in the area, Atrium Health, with requests to explore adding Surgical Technology to our catalog of health programs, due to current and projected staffing shortages. Atrium further offered their assistance in securing equipment for starting the program. (Appendix 2) The program will be primarily taught in the Braswell Building on SPCC's Old Charlotte Highway campus. The classroom/ didactic and the laboratory portion of the program all occur within the Braswell building. In addition to in person instruction, portions may be taught in a hybrid format. The cost associated with this program include \$ 191,750.00 in equipment and \$58,000.00 in supplies. The college will also need to hire two full time employees, one program director and one full time faculty member. We will be utilizing state funds for start-up equipment cost and we are committed to supporting the Surgical Technology program by allocating resources to it through the institution's state budget. Increases to the institution's FTE correlates to an increased budget for instruction, academic support, and student services. The institution expects a return on investment so that the Surgical Technology program will sustain itself.



**SOUTH PIEDMONT COMMUNITY COLLEGE  
BOARD OF TRUSTEES MEETING**

The Board of Trustees of South Piedmont Community College met in special session via Zoom teleconference on June 27, 2022.

Members in attendance:

Mr. Bill Norwood, Chair  
Mr. Harvey Leavitt, Vice Chair  
Ms. Pat Kahle, Secretary  
Mr. Jarvis Woodburn, Immediate Past Chair  
Mr. Chris Duggan  
Mr. Bill Hutton  
Ms. Sharon Knotts  
Mr. Landric Reid  
Mr. Jerry Simpson

Members absent:

Ms. Caroline Hightower  
Mr. Kenny Horne  
Mr. Mike Lutes  
Mr. Gary Summerfield  
Mr. Dominic Done, ex officio

College staff in attendance:

Dr. Maria Pharr, President  
Mr. Carl Bishop  
Ms. Michelle Brock  
Mr. Erik Dagenhart  
Ms. Elizabeth Hamrick

Visitors present:

Michael Newton, ADW Architects  
Philip Steele, ADW Architects  
Walt Havener, Surface 678  
Jeff Israel, Surface 678  
Rachelle Roake, Surface 678

Mr. Norwood called the meeting to order at 4:00pm.

Ms. Hamrick administered the roll call.

No oaths of office were administered.

Mr. Norwood reviewed potential conflicts of interest pursuant to Chapter 138A of the North Carolina General Statutes. No conflicts of interest were noted.

No one signed up for public comments.

Mr. Norwood referred the Board of Trustees to the master plan and recognized Ms. Brock for introductions. Ms. Brock introduced Erik Dagenhart, Construction Manager, who has been with the college since February. Ms. Brock stated that as the college undergoes renovations and plans for future construction, Mr. Dagenhart will assist with managing the projects. Ms. Brock stated that Mr. Dagenhart has been working closely with ADW Architects on the renovations for Building A and the Braswell Building, and the Garibaldi Building on the LLP Campus. Ms. Brock stated that ADW is working with the college on the long-term facilities master plan. Ms. Brock stated that the college is also working with Surface 678 on a landscape design plan. ADW and Surface 678 have worked together on a master planning presentation for the Board of Trustees to review.

Mr. Havener introduced the Surface 678 team and stated that they have been working with ADW Architects on the facilities master plan as the college moves into the future, with ADW focusing on building and architectural growth and Surface 678 focusing on creating a meaningful environment around the buildings. Mr. Havener stated that four focus areas in the landscape are to create a collegiate feel, introduce trails and active spaces, pedestrian circulation and gathering spaces, and landscape branding and curb appeal.

Mr. Steele and Mr. Newton with ADW Architects were introduced and stated that they would be presenting high-level master planning concepts based on a list of college priorities and building needs. Mr. Newton began with presenting plan phases for the Old Charlotte Highway campus including the aseptic training center, a public safety training center and driving pad with expanded parking, a fitness facility, welcome center, and a new academic building. Mr. Israel presented complimentary landscape plan concepts with trails and active spaces, storm water expansion, mounded landscape features, and defining landscape features and branding opportunities to create a collegiate feel.

Mr. Newton next presented phased planning concepts for the L.L. Polk campus. Mr. Newton discussed creating a central area of campus with a quad to provide student gathering spaces. Mr. Newton discussed concept phases including addition of parking, an advanced manufacturing center, and a future academic building. Surface 678 discussed landscape to enhance the campus entry, options for relocating the entrance, enhancing the amphitheater, and the existing pond. Mr. Israel commented on enhancing curb appeal and branding.

Ms. Knotts exited the meeting at 4:34pm.

Mr. Norwood stated that a committee of the Board of Trustees would be established to further review the master plan documents and discuss concepts. Mr. Steele stated that ADW Architects and Surface 678 will coordinate a design charrette with the committee for further review.

Mr. Steele, Mr. Newman, Mr. Havener, Mr. Israel, Ms. Roake, and Mr. Dagenhart exited the meeting at 4:40pm.

Mr. Norwood recognized Mr. Bishop for the program application for the surgical technology program. Mr. Bishop stated that the college intends to submit an application for the surgical technology program. Mr. Bishop stated that the program comes at the request of the college's healthcare partners, particularly Atrium Health. Mr. Bishop stated that the college has worked with Atrium and Novant about their needs for the program. To begin the process, the college sent a program planning notification to all colleges across the system that currently have the program. Mr. Bishop stated that in February, a request for impact was sent to those colleges. Mr. Bishop stated that when a college is interested in pursuing a program of study, one of the requirements is for the system to examine the impact the program will have on other colleges. Mr. Bishop stated that a negative impact assessment was received from Cleveland Community College and has since been resolved. Mr. Bishop stated that one outstanding negative impact assessment remains with Central Piedmont Community College. Mr. Bishop stated that while Ryan Anthony, Dean of Health and Public Safety has spoken with the dean of health programs at Central Piedmont Community College, and likewise he has spoken with Central Piedmont's Chief Academic Officer, the negative impact assessment remains. Mr. Bishop stated that it is in the community's best interest for the college to proceed with the program despite the negative impact and the request therefore is for approval from the Board of Trustees to proceed with the program application for surgical technology. Upon motion Mr. Leavitt, seconded by Ms. Kahle, the program application for the surgical technology program was approved.

Mr. Norwood recognized Ms. Brock for a revision to Policy 5.24 – Employee Travel. Ms. Brock stated that the policy change regarding employee travel is referencing the location of the travel procedures on the college's SharePoint intranet site. Upon motion by Mr. Woodburn, seconded by Mr. Hutton, Policy 5.24 – Employee Travel was approved.

Mr. Norwood inquired of any further business. No further business was reported.

Upon motion by Mr. Duggan, seconded by Mr. Leavitt, the Board of Trustees entered closed session at 4:49pm pursuant to the provisions G.S. 143-318.11(a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of the United States; and G.S. 143-318.11(a)(6) to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual or public officer or employee or prospective public officer or employee.

Dr. Pharr, Mr. Bishop, Ms. Brock, and Mr. Dagenhart exited the meeting at 4:49pm.

Upon motion by Mr. Woodburn, seconded by Mr. Duggan, the Board of Trustees entered open session at 5:01pm.

Upon motion by Mr. Woodburn, seconded by Mr. Hutton, the Board of Trustees voted to increase Dr. Pharr's salary supplement in line with other community college presidents, as discussed in closed session.

Upon motion by Mr. Woodburn, the meeting adjourned at 5:03pm.

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Ms. Pat Kahle, Secretary

DRAFT

## FW: Curriculum Planning Notification

Carl Bishop <CBishop@spcc.edu>

Thu 6/23/2022 4:27 PM

To: Amanda Secrest <asecrest@spcc.edu>

 1 attachments (260 KB)

Curriculum Program Planning Notification- Surgical Technology.pdf;

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**From:** Carl Bishop

**Sent:** Thursday, April 15, 2021 1:21 PM

**To:** CC Presidents <cc-presidents@nccommunitycolleges.edu>; CC Chief Academic Officers <cc-cao@nccommunitycolleges.edu>; goldk@nccommunitycolleges.edu; Lisa Eads <eadsl@nccommunitycolleges.edu>

**Subject:** Curriculum Planning Notification

Good Afternoon,

I hope this note finds you well.

South Piedmont Community College is entering a planning process for surgical technology. Please see the attached form.

Thank you, and have a good day!

Best,  
Carl

Carl Bishop  
Vice President for Academic and Student Affairs/Chief Academic Officer  
South Piedmont Community College  
2103 Braswell Building  
4209 Old Charlotte Highway  
Monroe, NC 28110  
704-290-5281  
[cbishop@spcc.edu](mailto:cbishop@spcc.edu)

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## Curriculum Program Planning Notification

March 25, 2021

South Piedmont Community College intends to initiate a planning process for Surgical Technology/ A45740.  
*College* *Program Title/Code*

The planning process is expected to be completed by December 31, 2021, with program implementation in  
*Date*

Fall, 2022. The anticipated planning area to be served by this program is Anson and Union.  
*Semester* *Year* *List Each County*

The following colleges are located within the planning area for the new program: N/A  
*List colleges, if applicable*

For colleges interested in participating in the planning process or learning about this new program, the contact person for the program planning process is Ryan Anthony 704-290-5870.  
*Include contact person's name and phone number*

*Note: If the planning area is redefined as part of the application process, a revised program planning notification must be sent to all parties listed above.*

**B. Documenting Impact Assessment:** *Provide a list of colleges who received an Impact Assessment Form and a narrative of the responses received.*

| <b>Name of College(s) Receiving Impact Assessment Form</b> | <b>Program Title</b> |
|--|----------------------|
| Albemarle Community College                                | Surgical Technology  |
| Asheville-Buncombe Community College                       | Surgical Technology  |
| Blue Ridge Community College                               | Surgical Technology  |
| Cape Fear Community College                                | Surgical Technology  |
| Catawba Valley Community College                           | Surgical Technology  |
| Central Piedmont Community College                         | Surgical Technology  |
| Cleveland Community College                                | Surgical Technology  |
| Coastal Carolina Community College                         | Surgical Technology  |
| Davidson-Davie Community College                           | Surgical Technology  |
| Durham Technical Community College                         | Surgical Technology  |
| Edgecomb Community College                                 | Surgical Technology  |
| Guilford Community College                                 | Surgical Technology  |
| Isothermal Community College                               | Surgical Technology  |
| Lenoir Community College                                   | Surgical Technology  |
| Robeson Community College                                  | Surgical Technology  |
| Rockingham Community College                               | Surgical Technology  |
| Sampson Community College                                  | Surgical Technology  |
| Sandhills Community College                                | Surgical Technology  |
| Southwestern Community College                             | Surgical Technology  |
| Wilson Community College                                   | Surgical Technology  |

**Narrative of Responses Received:**

A total of ten responses were received. Nine responses were in favor. Cleveland Community College supported with disagreement with the impact assessment. After college staff discussed SPCC's program plan, Cleveland Community College fully supports SPCC's Surgical Technology application. Central Piedmont Community College submitted a negative impact assessment response.

**If a negative response was received, provide a narrative summary of the actions taken to resolve the negative response and the outcome of those actions:**

On February 17, 2022, South Piedmont received a negative impact assessment from Central Piedmont Community College, accompanied by a letter from Dean Karen Summers, indicating concerns about available clinical sites to support a new program.

Since receipt of Central Piedmont Community College's impact assessment form, staff at South Piedmont carefully evaluated concerns raised in Dean Summer's letter, considered employer needs, support, and collaboration, and determined that we will move forward with our program application. In preparation, we attempted to resolve the negative impact assessment with Central Piedmont Community College by providing a guarantee

*Editorial Revision 3/31/2022; Editorial Rev. 6/14/22.*

that, in no way, will a program at SPCC negatively impact CPCC's program. South Piedmont has been guaranteed additional clinical spots that will not displace students from other colleges. Despite this guarantee, neither CPCC's Dean of Health Sciences nor Vice President of Academic Affairs were able to compromise or resolve the negative impact assessment.

On March 7, 2022, SPCC's Dean of Health and Public Services, Ryan Anthony, met with CPCC's Dean of Health Sciences, Karen Summers, in an attempt to resolve the negative impact assessment; however, they were unable to do so. Dean Summers indicated she did not know how many students were currently assigned to Atrium Union (at that time, there were none, according to Atrium), but that CPCC was not in a position to share any current or future clinical sites.

On June 16, 2022, CPCC's Vice President of Academic Affairs, Heather Hill, and SPCC's Vice President of Academic and Student Affairs, Carl Bishop, met to discuss issues related to the impact assessment. What follows summarizes the points discussed and SPCC's attempt to clarify two issues related to CPCC's negative impact assessment and our attempt to resolve it.

First, Central Piedmont's response presents a summary of enrollment from area colleges that currently offer surgical technology. In addition to Central Piedmont Community College, Cleveland Community College, Catawba Valley Community College, York Technical College, and Cabarrus College offer surgical technology programs in our region. To explore Central Piedmont's assertions, SPCC staff contacted each college. Every college, with the exception of Central Piedmont Community College, indicated support for a new program at South Piedmont. Further, the number of students other colleges report accepting are below the capacities cited in CPCC's negative impact assessment. For example, while approved for 20 students per class, both Catawba Valley Community College and Cleveland Community College accept below their capacities (12 and 10-15, respectively, as reported to our Dean of Health and Public Services).

Second, Central Piedmont's reply and Dean Summers' conversation with Dean Anthony indicated that CPCC's program uses all available clinical sites in Union, Anson, and Mecklenburg Counties, and they are unwilling to share any future clinical sites. However, at the time of SPCC's application, negative impact assessment, and the Deans' conversation, CPCC was not utilizing clinical sites at Atrium Union. CPCC began placing students at Atrium Union after SPCC's impact assessment notification, in summer 2022. Prior to this, it had been some time since CPCC utilized Atrium Union. Further, area health care providers guarantee our program would utilize new clinical sites, and that a program at SPCC will not displace students from current or future access to clinical instruction. Therefore, there could be no negative impact to CPCC's program.

Accreditation requirements for surgical technology clinical instruction do not limit the instructor to student ratio, nor do they limit the types of surgeries required for clinical instruction. Therefore, several students may work under the supervision of one instructor, many types of health care facilities may serve as clinical sites, and students have flexibility with respect to completion of their total number of clinical experiences. Therefore, unlike other health programs, sufficient surgical technology clinical sites exist to support all programs in question. South Piedmont has this guarantee

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from our partner, Atrium-Union, who both requested an SPCC program and understand their staff and operational abilities to support additional clinical students.

Despite the guarantees offered to both Dean Summers and Vice President Hill, CPCC and SPCC were unable to come to agreement or compromise to resolve the negative impact assessment. Central Piedmont repeatedly indicated they would not share current or future clinical sites.

III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s) (see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
Program Title/Code

Section B: (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that Asheville - Buncombe TOC  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

Impact Assessment: Our college's assessment of the impact on your program is identified below:

None

Maia O'Phan  
Signature of President of Applying College

January 12, 2022  
Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

[Signature]  
Signature of President of College with Same or Similar Program

2/8/2020  
Date

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that SOUTH WESTERN CC  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740 .  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:  
Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
None

Maria A. Phan January 12, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

[Signature] 1-8-2022  
*Signature of President of College with Same or Similar Program* *Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A: (For Programs without a Clinical Requirement):**

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*

area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
*Program Title/Code*

**Section B: (For Programs with a Clinical Requirement):**

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A46740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Rockingham CC  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology/ A46740  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

None

Maia A. Phan January 12, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

Mark O. Kinlaw 2-8-22  
*Signature of President of College with Same or Similar Program* *Date*

III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program

area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
Program Title/Code

Section B: (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A46740 which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that LENOIR CC  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A46740  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

Impact Assessment: Our college's assessment of the impact on your program is identified below:

None

Maia Alphan  
Signature of President of Applying College

January 12, 2022  
Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

Rush  
Signature of President of College with Same or Similar Program

2/10/22  
Date

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A: (For Programs without a Clinical Requirement):**

\_\_\_\_\_ Intends to apply for approval to offer \_\_\_\_\_  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
Program Title/Code

**Section B: (For Programs with a Clinical Requirement):**

South Piedmont Community College Intends to apply for approval to offer Surgical Technology/ A45740 which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that Blue Ridge CC  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

None

Maia A. Phan  
Signature of President of Applying College

January 12, 2022  
Date

**Response to Applying College:** Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

[Signature]  
Signature of President of College with Same or Similar Program

2/10/2022  
Date

III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_,
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service
College with same or similar program
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_
Program Title/Code

Section B: (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which
Applying College Program Title/Code

contains a clinical requirement. The college has determined that CFCC
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

Impact Assessment: Our college's assessment of the impact on your program is identified below:

None

\_\_\_\_\_ January 12, 2022
Signature of President of Applying College Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_ 2-9-22
Signature of President of College with Same or Similar Program Date

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that South Piedmont CC  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

None

Maia Alphan January 12, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

Maureen Blumhardt 2/14/2022  
*Signature of President of College with Same or Similar Program* *Date*

III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
Program Title/Code

Section B: (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer Surgical Technology/ A45740 \_\_\_\_\_ which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that ROBESONCE  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740 \_\_\_\_\_.  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:  
Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

Impact Assessment: Our college's assessment of the impact on your program is identified below:

None

\_\_\_\_\_ January 12, 2022  
Signature of President of Applying College Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- X Yes, I agree with the impact assessment.
- \_\_\_\_\_ No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- \_\_\_\_\_ No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_ February 15, 2022  
Signature of President of College with Same or Similar Program Date

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A: (For Programs without a Clinical Requirement):**

\_\_\_\_\_ Intends to apply for approval to offer \_\_\_\_\_  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
*Program Title/Code*

**Section B: (For Programs with a Clinical Requirement):**

South Piedmont Community College Intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that CLEVELAND CC  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:  
Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
None

Marie Alphan January 12, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):  
CCC supports SPCC applying for this program, provided we receive confirmation from Atrium-Pineville that this will not impact CCC's clinical spots.

[Signature] 3-25-22  
*Signature of President of College with Same or Similar Program* *Date*

Editorial Revision 07/29/19

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A: (For Programs without a Clinical Requirement):**

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_  
Program Title/Code

**Section B: (For Programs with a Clinical Requirement):**

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that Central Piedmont Community College  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
None

\_\_\_\_\_ January 12, 2022  
Signature of President of Applying College Date

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- \_\_\_\_\_ Yes, I agree with the impact assessment.
- \_\_\_\_\_ No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):  
See attached.

\_\_\_\_\_ 2/18/22  
Signature of President of College with Same or Similar Program Date



February 17, 2022

Karen Summers  
Dean, Health Sciences  
Central Piedmont Community College  
Central Campus, Belk 3152  
PO Box 35009, Charlotte, NC 28235  
t 704.330.6429 | f 704.330.6410  
[www.cpcc.edu](http://www.cpcc.edu)

To whom it may concern,

---

PO Box 35009  
Charlotte, NC  
28235  
704.330.2722  
[cpcc.edu](http://cpcc.edu)

I am writing this letter in response to the request from a local community college to begin a surgical technology program in the state of North Carolina. There are currently 20 programs accredited through CAAHEP in the state of North Carolina. In proximity of Central Piedmont Community College there are currently four higher education institutions offering surgical technology, Cleveland Community College, Cabarrus College, Catawba Valley Community College and York Technical College.

Cleveland Community College enrolls 20 students per start, Cabarrus College enrolls 20 students per start, Catawba Valley Community College enrolls 20 students per start and York Technical College enrolls 20 students per start. Central Piedmont Community College enrolls 16 students per start and starts a new cohort each fall and spring term for a total of 32 students each year. The overlap of students and slots to meet each clinical course's objectives with 112 students seeking clinical placement into a limited number of clinical slots makes scheduling a logistical challenge for the schools and our clinical partners.

At Central Piedmont Community College, we are currently sharing clinical sites with Cabarrus College and Cleveland Community College. With the current pandemic, these slots have become few and far between requiring institutions to become creative with scheduling to ensure all students receive the best educational experience possible. We are currently utilizing all of Atrium Health and Novant Health operating rooms as well as some clinical slots at CaroMont in order to meet the needs of the current program students. Staffing shortages also add a level of complexity for scheduling students in the required variety of surgical cases and we were told last year by one of our clinical partners that there were no additional clinical slots for us to expand our program by 5 students.

Increasing the number of programs within a small geographical area will only add more strain to an already taxed system and create an undue burden on educational institutions to try and secure clinical placement for students.

We want to ensure that the state reviewing the applicant's request, has the information from programs in the geographical area of the request, to make an informed decision. At this point, adding an additional program so close to four other schools will exacerbate the clinical challenge and possibly prevent existing programs from securing the required clinical slots for their students.

Thank you for your time. Please reach out if you have any further questions or need any additional information.

Sincerely



---

Karen Summers  
Dean, Health Sciences

[cpcc.edu](http://cpcc.edu)

**IV. Level III Instructional Service Agreement (ISA):** *Include a Level III Instructional Service Agreement with the application if the applying college intends to collaborate with one or more colleges to offer the proposed program. (See Section 6 of the Curriculum Procedures Reference Manual for guidelines.)*

**V. Proposed Program of Study:** *Complete the following to indicate the proposed program of study.*

**A. GENERAL EDUCATION:** *Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

**1. Communication:**

The following course(s) are required:

**Course Number Course Title (Credit)**

ENG 111 Writing & Inquiry (3)

**Communication Pick List if applicable:**

Select a course(s) from the following:

COM 110 Intro to Communication (3)

COM 120 Interpersonal Comm (3)

COM 231 Public Speaking (3)

**2. Humanities/Fine Arts:**

The following course(s) are required:

**Course Number Course Title (Credit)**

**Humanities/Fine Arts Pick List if applicable:**

Select a course(s) from the following:

ART 111 Art Appreciation (3)

ART 114 Art History Survey I (3)

ART 115 Art History Survey II (3)

MUS 110 Music Appreciation (3)

MUS 112 Intro to Jazz (3)

PHI 215 Philosophical Issues (3)

PHI 240 Intro to Ethics (3)

**3. Social/Behavioral Sciences:**

The following course(s) are required:

**Course Number Course Title (Credit)**

**Social/Behavioral Pick List if applicable:**

Select a course(s) from the following:

PSY 150 General Psychology (3)  
SOC 210 Intro Sociology (3)

**4.Natural Sciences/Mathematics:**

The following course(s) are required:

**Course Number Course Title (Credit)**

**Natural Sciences/Mathematics Pick List if applicable:**

Select a course(s) from the following:

BIO 168 Anatomy and Physiology I (4)

|  |    |
|--|----|
| <b>Total General Education Semester Hour Credits</b> | 16 |
| <b>Required</b> _____                                |    |

**Program of Study (Continued)**

**B. MAJOR HOURS**

**1. Core**

*The core is comprised of specific courses and/or subject areas which are required for each curriculum program. These are identified on the curriculum standard for each program.*

The following course(s) are required:

**Course Number Course Title (Credit)**

SUR 110 Introduction to Surgical Technology (3)

SUR 111 Perioperative Patient Care (7)

SUR 122 Surgical Procedures I (6)

SUR 123 SUR Clinical Practice I (7)

SUR 134 Surgical Procedures II (5)

SUR 135 SUR Clinical Practice II (4)

SUR 137 Professional Success Preparation (1)

SUR 210 Advanced SUR Clinical Practice (2)

SUR 211 Advanced Theoretical Concepts (2)

**Required Subject Area(s) if applicable:**

**Total Core Semester Hour** 37  
**Credits** \_\_\_\_\_

**2. Concentration (if applicable)**

*If the proposed program is a concentration, please list the required courses and/or subject areas. Only utilize the courses and/or subject areas identified on the curriculum standard.*

The following course(s) are required:

**Course Number Course Title (Credit)**

**Required Subject Area(s) if applicable:**

**Total Concentration Semester Hour Credits** \_\_\_\_\_

**Program of Study (Continued)****3. Other Major Hours**

*Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed, with the exception of prefixes listed in the core or unique prefixes as noted on the standard.*

The following course(s) are required:

**Course Number Course Title (Credit)**

BIO 169 Anatomy and Physiology II (4)

MED 121 Medical Terminology I (3)

BIO 275 Microbiology (4)

ACA 122 Transfer Success (1)

**Required Subject Area(s) if applicable:**

|  |    |
|--|----|
| <b>Total Other Major Semester Hour Credits</b> | 12 |
| _____  |    |

|  |    |
|--|----|
| <b>Total Major Semester Hour Credits</b> | 49 |
| _____                                    |    |

*Please note:*

*Work experience may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.*

*Selected topics or seminar curriculum courses may be included in associate in applied science degree up to a maximum of 3 semester hours of credit; and in diploma or certificate programs up to a maximum of 3 semester hours of credit. Such curriculum courses shall be listed on a program of study as "other major" hours. Selected topics and seminar curriculum courses shall not be used more than once in a program.*

**Program of Study (Continued)**

**C. OTHER REQUIRED COURSES (If applicable)**

*A college may require other courses in order to meet graduation or local employer requirements. These requirements may be met through a maximum of 7 semester hours of credit in a degree program; 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program. Restricted, unique or free elective courses may not be included as other required courses.*

The following course(s) are required:

**Course Number Course Title (Credit)**

**Total Other Required Semester Hour Credits** \_\_\_\_\_

**Total Semester Hours Credit in** 65  
**Program** \_\_\_\_\_

**Course Substitution (if applicable)**

**Course in Program** \_\_\_\_\_ **Substitute Course(s)** \_\_\_\_\_

**Course in Program** \_\_\_\_\_ **Substitute Course(s)** \_\_\_\_\_

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*

area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that College of The Albemarle  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atruim- Union West, Atrium-Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
We do not anticipate an impact to your instituiton.

\_\_\_\_\_ July 22, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Signature of President of College with Same or Similar Program* *Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that \_\_\_\_\_  
*College with same or similar program*  
is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atruim- Union West, Atrium-Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
We do not anticipate an impact to your institution.

\_\_\_\_\_  
*Signature of President of Applying College* July 22, 2022  
*Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
*Signature of President of College with Same or Similar Program* 7-25-2022  
*Date*

**If a negative response was received, document the outcome of the resolution by completing the following Impact Resolution Form. Include copies of the signed resolution in the application.**

### Impact Assessment Resolution Form

South Piedmont CC intends to apply for approval to offer Surgical Technology/ A45740.  
*Applying College* *Program Title/Code*

Cleveland CC has identified that there will be an impact on its program. The identified *College with Same or Similar Program*

impact is: overlapping clinical location at Atrium-Pineville

South Piedmont CC has resolved the possible impact by: Removing our request to use  
*Applying College*

Atrium- Pineville as a clinical location for Surgical Technology.

*Maria A. Phan*  
*Signature of President of Applying College*

07-25-2022  
*Date*

**Response to Applying College:**

Please indicate your response to this impact assessment resolution within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment resolution.)

Yes, I agree with the impact assessment resolution identified above.

No, I do not agree with the impact assessment resolution identified above.

If you do not agree with the impact assessment resolution identified above, please provide an explanation (attach an additional page if needed):

*Jan Huns*  
*Signature of President of College with Same or Similar Program*

7/26/22  
*Date*

III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
Applying College Program Title/Code

The college has determined that \_\_\_\_\_ is located in a contiguous service  
College with same or similar program  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
Program Title/Code

Section B: (For Programs with a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
Applying College Program Title/Code

contains a clinical requirement. The college has determined that Coastal Carolina Community College  
College with same or similar program

is currently offering the same or similar program entitled and coded as Surgical Technology  
Program Title/Code

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium-Anson \_\_\_\_\_

Impact Assessment: Our college's assessment of the impact on your program is identified below:

We do not anticipate an impact to your institution.

\_\_\_\_\_

\_\_\_\_\_

Signature of President of Applying College July 22, 2022 Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

Signature of President of College with Same or Similar Program Date

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** *The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.*

**Section A:** (For Programs **without** a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs **with** a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Davidson Davie Community College  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atruim- Union West, Atrium-Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
We do not anticipate an impact to your instituiton.

\_\_\_\_\_  
*Signature of President of Applying College* July 22, 2022  
*Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
*Signature of President of College with Same or Similar Program* 7/26/22  
*Date*

**III. Impact of the Proposed Program on Other Programs in the System.**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs **without** a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*

area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs **with** a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that \_\_\_\_\_  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

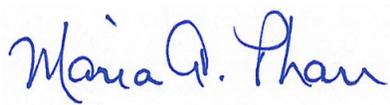
The following clinical site(s) may be utilized in offering this program:

\_\_\_\_\_ Atrium- Union, Atruim- Union West, Atrium-Anson \_\_\_\_\_

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

We do not anticipate an impact to your institution.

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
*Signature of President of Applying College*

July 22, 2022  
\_\_\_\_\_  
*Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_



\_\_\_\_\_  
*Signature of President of College with Same or Similar Program*

\_\_\_\_\_  
7/27/2022

*Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** *The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.*

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that \_\_\_\_\_  
*College with same or similar program*  
is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

\_\_\_\_\_ Atrium- Union, Atruim- Union West, Atrium-Anson \_\_\_\_\_

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
We do not anticipate an impact to your instituiton.

\_\_\_\_\_  
*Maia Q. Phan* July 22, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
*Anthony J. Clarke* 7-26-22  
*Signature of President of College with Same or Similar Program* *Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** *The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.*

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer Surgical Technology/ A45740 \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Sampson Community College \_\_\_\_\_  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology \_\_\_\_\_.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atruim- Union West, Atrium-Anson \_\_\_\_\_

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

We do not anticipate an impact to your instituiton.

\_\_\_\_\_ *Signature of President of Applying College*  
*Mania Q. Phan*

July 22, 2022 \_\_\_\_\_  
*Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_ *Signature of President of College with Same or Similar Program*

7/22/2022 \_\_\_\_\_  
*Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs **without** a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs **with** a Clinical Requirement):

South Piedmont Community College intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Sandhills Community College  
*College with same or similar program*  
is currently offering the same or similar program entitled and coded as Surgical Technology  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atruim- Union West, Atrium-Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
We do not anticipate an impact to your instituiton.

\_\_\_\_\_ July 22, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
*Signature of President of College with Same or Similar Program* *Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that \_\_\_\_\_  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium-Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

We do not anticipate an impact to your institution.

\_\_\_\_\_  
*Maia Q. Phan* September 23, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

\_\_\_\_\_  
*Signature of President of College with Same or Similar Program* Sep. 30, 2022  
*Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer Surgical Technology/ A45740 which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Fayetteville Technical Community College  
*College with same or similar program*  
is currently offering the same or similar program entitled and coded as Surgical Technology.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium-Anson \_\_\_\_\_

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:

We do not anticipate an impact to your institution.

Maia Q. Phan \_\_\_\_\_ September 23, 2022  
*Signature of President of Applying College* *Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

[Signature] \_\_\_\_\_ 9-26-22  
*Signature of President of College with Same or Similar Program* *Date*

**III. Impact of the Proposed Program on Other Programs in the System:**

**A. Impact Assessment Form:** The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

**Section A:** (For Programs without a Clinical Requirement):

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

The college has determined that \_\_\_\_\_ is located in a contiguous service  
*College with same or similar program*  
area and is currently offering the same or similar program entitled and coded as \_\_\_\_\_.  
*Program Title/Code*

**Section B:** (For Programs with a Clinical Requirement):

South Piedmont Community College \_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_ which  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that Wilson CC  
*College with same or similar program*

is currently offering the same or similar program entitled and coded as Surgical Technology/ A45740.  
*Program Title/Code*

The following clinical site(s) may be utilized in offering this program:

Atrium- Union, Atrium- Union West, Atrium- Pineville Atrium- Anson

**Impact Assessment:** Our college's assessment of the impact on your program is identified below:  
None

Maia A. Phan \_\_\_\_\_  
*Signature of President of Applying College* January 12, 2022  
*Date*

**Response to Applying College:** Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- Yes, I agree with the impact assessment.
- No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
- No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

Tim Wright \_\_\_\_\_  
*Signature of President of College with Same or Similar Program* 2-8-22  
*Date*



# Atrium Health

December 10, 2021

To Whom It May Concern:

I am writing on behalf of Atrium Health in support of the South Piedmont Community College's proposal to start a Surgical Technology Associate Degree Program. The addition of this program will address the identified shortage of Surgical Technologists in our area and more specifically within our health care system. South Piedmont Community College has been a great partner to Atrium Health and has a reputation of providing high quality health education. We feel the addition of this program will be of great service to the community and will help create additional manpower in an area of great need. We fully support this proposal and have pledged additional support in the startup of the program if approved, including working with our partners to get the necessary equipment and supplies needed to start the program. We look forward to working with South Piedmont Community College and strengthening our partnership with them.

Sincerely,

Michael Lutes

Senior Vice-President and President, South Market

Atrium Health

Re: [EXTERNAL] Surgical Technology

 Dr. Maria Pharr <[mpharr@spcc.edu](mailto:mpharr@spcc.edu)>  
To: Kandi Deitemeyer

  Reply  Reply All  Forward  ...  
Mon 10/10/2022 1:12 PM

Good morning,

Hope you are doing well. Thank you for reviewing our response to Central Piedmont's negative impact assessment regarding our surgical technology program application. During this process, we provided guarantees that our partner-requested program will have no current or future negative impacts on Central Piedmont's access to clinical spaces, and our health care partners agree with our assessment. While I appreciate the offer to meet, we do not want to hold up the process any further if that position will not change, and keeping our communication in this format maintains transparency. Since you indicated no change to your position after reviewing our case, we will move forward with our program application with your opposition included.

While we may not resolve issues related to surgical technology, South Piedmont Community College remains committed to our broader partnership and to our shared goals.

Kind regards,

*Maria Pharr, EdD*

President  
South Piedmont Community College  
[mpharr@spcc.edu](mailto:mpharr@spcc.edu)  
704-290-5251



**From:** Kandi Deitemeyer <[Kandi.Deitemeyer@cpcc.edu](mailto:Kandi.Deitemeyer@cpcc.edu)>

**Date:** Tuesday, October 4, 2022 at 7:57 AM

**To:** Dr. Maria Pharr <[mpharr@spcc.edu](mailto:mpharr@spcc.edu)>

**Subject:** RE: [EXTERNAL] Surgical Technology

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

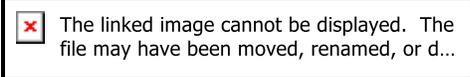
Good morning, Dr. Pharr:

Thank you for your patience as we carefully considered your request. After further due diligence, our position remains unchanged regarding the negative impact assessment.

Certainly, my offer to meet with you to discuss Surgical Technology or other opportunities is still open.

Warm regards,

Kandi W. Deitemeyer, Ed. D.  
President  
Central Piedmont Community College  
(704) 330-6566



**From:** Dr. Maria Pharr <[mpharr@spcc.edu](mailto:mpharr@spcc.edu)>  
**Sent:** Thursday, August 18, 2022 1:02 PM  
**To:** Kandi Deitemeyer <[kandi.deitemeyer@cpcc.edu](mailto:kandi.deitemeyer@cpcc.edu)>  
**Subject:** [EXTERNAL] Surgical Technology

Dr. Deitemeyer,

I know that the beginning of the Fall semester is a very busy, but exciting, time for us all. Given our full schedules, I wanted to reach back out to you with information regarding our needs assessment data, commitments from area health care partners, clinical site availability, and process and ask that you reconsider your impact assessment to provide us with the opportunity to serve our local health care partners in their dire need for surgical technologists.

#### **Needs Assessment Data**

According to the Vice President for Talent Acquisition at Atrium Health, currently, the system has 85 vacancies for surgical technologists. Additionally, according to Atrium's Chief Talent Officer, the need is expected to increase to 150 openings in the next 5 years. Across the state of North Carolina, there are 311 current openings for surgical technologists in North Carolina, according to the U.S. Department of Labor Statistics. Finally, according to NC Department of Commerce projections, we should see sustained growth in this area through 2026. Based on our review, all data sources reveal a consistent trend: an increased need locally, regionally, and across the state for surgical technologists.

While we expect significant growth in labor market needs for surgical technology, currently the state of North Carolina does not have the capacity to graduate enough candidates to meet existing labor market needs. For example, the 21 NC Community Colleges approved to offer surgical technology have graduated an average of 204 students per year over the past 6 years, according to the North Carolina Community College System Dashboard.

Therefore, based on multiple data sources, a significant need for surgical technologists exists locally and regionally, as well as across the state.

#### **Commitments from Health Care Partners**

South Piedmont Community College pursues the surgical technology degree at the request of Atrium Health. Due to shortages of surgical technologists in North Carolina, employers such as Atrium must look elsewhere for high-cost, out-of-state talent. To combat their talent shortage, Atrium is committing support for equipment resources and faculty to start the program at South Piedmont Community College.

#### **Clinical Site Availability**

As with any health program, clinical sites are part of the calculus with surgical technology. According to the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC-STSA), the accrediting arm of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), clinical requirements for surgical technology are less rigid than other health care programs, allowing students flexibility to meet their total number of surgical cases across modalities. To support a new program at SPCC, Atrium Health has guaranteed us access to new clinical sites at Atrium Anson, Atrium Union, and Atrium Union West. Clinical sites will not displace any existing students or programs, as all sites are new.

**Process**

Beginning Fall 2021, South Piedmont Community College began the program planning process. In February 2022, we received a negative impact assessment from Central Piedmont Community College indicating concern over clinical sites. Between February and June, South Piedmont's team evaluated CPCC's impact assessment, verified data, and confirmed employer support for both clinical sites and resources.

Based on updated needs assessment data and commitments from Atrium Health, we respectfully request that Central Piedmont Community College rescind its negative impact assessment.

Please let me know if you have any questions.

Regards,  
Maria Pharr

**From:** Kandi Deitemeyer <[kandi.deitemeyer@cpcc.edu](mailto:kandi.deitemeyer@cpcc.edu)>

**Date:** Thursday, July 14, 2022 at 6:33 PM

**To:** Dr. Maria Pharr <[mpharr@spcc.edu](mailto:mpharr@spcc.edu)>

**Subject:** Re: [EXTERNAL] Surgical Technology

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dr. Pharr:

Thank you for your email. I appreciate your follow-up and the considerations of your program application. I would be happy to meet with you and review your needs assessment data, commitments from area health care partners, and the specific new clinical site availability to support an additional program.

If you are amenable, please let me know your availability. Given the schedule next week, and then travel to the president's meeting the following, it looks like the first week of August may work best for me.

Take care.

Kandi W. Deitemeyer, Ed.D.  
President  
Central Piedmont Community College

On Mon, Jul 11, 2022 at 12:47 PM Dr. Maria Pharr <[mpharr@spcc.edu](mailto:mpharr@spcc.edu)> wrote:

Dr. Deitemeyer,

At the request of area health care partners, South Piedmont plans to offer the surgical technology degree program. In response to our planning process, we received a negative impact assessment from Central Piedmont Community College on February 17, 2022.

Since that time, SPCC researched CPCC's concerns and have offered guarantees that a program at SPCC will in no way displace current CPCC students, nor would a program at SPCC inhibit future growth of Central Piedmont's program.

On March 7, 2022, SPCC's Dean of Health and Public Services, Ryan Anthony, met with CPCC's Dean Summers in an attempt to resolve the negative impact assessment; however, they were unable to do so.

After further discussion and research, our Chief Academic Officers met on June 16, 2022. They were unable to resolve the negative impact assessment, as well.

While concerns center around clinical sites, SPCC has commitments from area health care partners to offer new clinical sites to support our program. I'm hopeful, given the guarantee that SPCC will not displace CPCC students, that Central Piedmont will rescind its negative impact assessment.

Regards,

*Maria Pharr, EdD*

President

South Piedmont Community College

[mpharr@spcc.edu](mailto:mpharr@spcc.edu)