

# Surgical Technology

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## Program Application

For More information please call 524-3000 ext. 3200 or 3437

January 28, 2016



Thank you for your interest in the EITC Surgical Technology Program. We urge you to recognize the commitment that is essential if one is to be successful in this demanding discipline. Prior to making application to the program, individuals should give careful consideration to the mental and physical demands of the program, and the pressures involved in undertaking the responsibilities of being a Surgical Technology student.

EITC offers limited entry into the (ST) Surgical Technology program due to the number of clinical positions available in the facilities of our southeastern Idaho area. You must be admitted to Eastern Idaho Technical College as a certificate/degree seeking student prior to being eligible to submit the ST application packet. Details are outlined below. Successful completion of the program enables the student to sit for the National Certification Examination (a graduation requirement) administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA), the certifying agency granting the credentials of CST (Certified Surgical Technologist). [www.nbstsa.org](http://www.nbstsa.org)

### **Professional Program Entrance Application Deadlines & Requirements**

Begin your application process **as early as possible** so that you have ample time to complete all of the requirements. Be sure to contact your advisor each semester, so questions can be answered and individual assistance can be provided. Meeting the minimum criteria for admission **does not** guarantee admission into the program.

- Packets will only be accepted during the first full week of March.
- Program coordinators will no longer be meeting with students to review packets before packet submissions. Part of the packet process is to identify if applicants can thoroughly follow directions and meet deadlines.
- Turn packets in to the Health Professions Division office, Room #6105.
- Candidates for admission are selected based on available space, packet completion, and completion of pre-requisite classes.
- Those that have met entrance requirements, submit an application, and are not admitted, will be placed on an alternate list for the current year. Resubmission of a packet will be necessary for the next year.
- Please notify Student Services **and** the Health Professions division office of any contact information changes.

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Health Professions Program Packet checklist for applicants				
<b>Late &amp; Incomplete packets will NOT be accepted for review.</b> <b>ALL Immunizations MUST BE finished, as specified below, before turning in your packet.</b>				
Student Name			Office Use Only:	
			Entry Date:	Packet #
Immunization or Titer	Date Given	Take during - to be current through the end of the program	Colleague ID #	
			Eligible:	
MMR #1		Before packet submission	Yes	No
MMR #2		Before packet submission	<b>Packet Review Date &amp; Comments:</b>	
Hep A #1		Before packet submission		
Hep A #2		Before packet submission		
Hep B #1		Before packet submission		
Hep B #2		Before packet submission		
Hep B #3		Before packet submission		
Varicella #1		Before packet submission		
Varicella #2		Before packet submission		
Tdap - Tetanus		Within 10 yrs. prior to packet submission		
Background Check-official & completed		To be completed prior to turning in packet.		
Color Photo of self		To be included with packet		
Written exercise #1 & #2		Written exercise #1 to be ranked on a value of 10 points.		
CPR Cert (HCP)		<b>All are optional for packet submission, but <u>required</u> if selected for the program.</b>		
Flu Shot				
TB Test				
Drug/alcohol screening		Clinical site requirement		
Complete physical exam		To assess general physical health and ability to withstand the physical requirements of the job		
Eye exam		Visual acuity & depth perception		
<b>You must be in your final semester of Prerequisites &amp; Complete all prerequisite courses with a "C" or better.</b>				
Prerequisites:	Semester	Grade	Equivalency:	
BIO 227			<b>If you have any transfer credits, you must provide, in your packet, a transfer equivalency print out from the EITC registrar to show we have your information entered, <u>along with your Program Evaluation from WebAdvisor.</u></b>	
BIO 227L				
BIO 228				
BIO 228L				
BIO 250				
BIO 250L				
CIS 101				
COM 101				
ENG 101				
HCT 100				
HCT 101				
MAT 123				
PSY 101 OR SOC 101				

**Application for Admission**

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Name \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Former Name (if applicable)

Home Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Permanent Address *(if different from above)* \_\_\_\_\_

EITC Student ID # \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### EDUCATION

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd	Major/Minor
High School					
College					

### Professional Licenses or Certifications

Type	Issued by Which State or Agency	License Number	Date

### Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

### Health Related Work/Volunteer Experience

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### Please Read and Sign the Following

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the surgical technology program. I understand that a felony conviction may prevent me from potential employment in health care.

\_\_\_\_\_  
Signature of Applicant Date

### In Case of Emergency, Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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### BACKGROUND CHECK

**Criminal background checks** are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges' (EITC) Health Professions programs.

Individuals who have been charged and/or convicted of a felony or misdemeanor for battery, assault, substance abuse and theft will not be accepted in EITC's Health Professions programs.

Backgroundchecks.com is the only approved company that meets HCA requirements.

To register for the background check, print off the instructions from the EITC website along with this packet. These instructions are available on the EITC website – click Programs of Study, then Health Professions – look on the right side of screen for *HCA Background Check Instructions*.

**\*\* You will need to print out your official completed results and provide a copy with your completed application packet. (They also need to be within 1 year of the date you are submitting this packet.)**

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### IMMUNIZATION RECORDS

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **\$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records.

**\*\* A copy of your IRIS record must be included in your packet.**

You may mail your records along with the enrollment form and a check for \$10.00 to:

**EIPHD  
Attn: Immunizations Program  
1250 Hollipark Drive  
Idaho Falls, Idaho 83401  
533-3235**

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as an EITC student.

**Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.**

**Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for EITC program entrance.**

Express Lab  
Washington Pkwy  
Idaho Falls, ID 83404  
(208) 529-8330



Signing the statement below will allow the health care provider who immunizes me or my child, or appropriate personnel at my child's school or child care, to submit information regarding immunizations and me or my child to the voluntary Idaho Immunization Reminder Information System (IRIS). This information will be limited to identifying information (such as name and date of birth), immunization information (such as dates and types of immunizations), and location information (such as my correct address). To make sure that correct immunizations are provided, or to verify that I or my child have received immunizations, the information entered into IRIS relating to me or my child may be made available and redisclosed to health care providers, child care providers, or schools.

My consent permits my child's or my own **enrollment** in the statewide immunization registry and disclosure of the information relating to me or my child to my or my child's health care providers, my child's child care provider, or my child's school without further consent. I may be asked for information that will help ensure records are accurate and will not be confused with another person's.

My consent also will allow for the **transfer** and entry of my or my child's previous immunization records into the statewide electronic registry.

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into IRIS and redisclosure of this information from IRIS to authorized users.

Child's Name or My Name	Gender F / M	Race
Date of Birth	Telephone Number	
Address	Mothers Maiden Name/Guardian First Name	
City State Zip		
Signature Relationship to Child Date (if applicable)	Date	

IIP 8/08

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### Written exercise #1: Surgical Technologist Job Description

Applicants are REQUIRED to complete the written requirements outlined below. Submissions must be in a word processed/typed format and must be written in your own words. The exercise is worth a total of 10 points.

\_\_\_\_\_ /5 pts.

- A. Research the profession of Surgical Technology and create a job description for the Surgical Technologist. The job description must include the following categories:
- Job title
  - Required qualifications
  - Required personal characteristics
  - Wages
  - Work hours
  - Examples of places of employment
  - Description of the working environment/conditions
  - Duties/roles and responsibilities
  - Requirements for obtaining and maintaining National Certification
  - Description of physical demands

\_\_\_\_\_ / 3 pts.

- B. Please explain the following:
- Why you feel that Surgical Technology would be the right profession for you
  - Describe how you meet the required demands of the program and the career for a Surgical Technologist
  - Please provide examples

\_\_\_\_\_ / 2 pts.

- C. Cite at least three resources (required)
- Resources may include employment ads, online resources, or interviews with surgical technologists

Total: \_\_\_\_\_ / 10 pts.



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### Written exercise #2: Student Survey

#### Applicant name:

This survey is designed to assist us in assessing and planning for improving student success and promoting our program. Please complete it in its entirety. This information is confidential and will be shared with program faculty only.

1. How did you find out about the EITC Surgical Technology program?
2. Do you have any experience in the health care field? If so, please describe.
3. List any specific skills, abilities and qualities you possess that will contribute to your success in the Surgical Technology program and profession.
4. What are the 3 most important things you are looking for in a career? How will a career in Surgical Technology meet those goals?
5. What leads you to choose Surgical Technology over other health care careers?
6. Do you live outside of the Idaho Falls area? If so, where?
7. Are you planning to work while in school? Yes No  
If yes, please tell us:  
Type of work:  
Shift times:  
Number of hours per week:

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1. What particular challenges do you see for yourself while you are a student in the Surgical Technology program? How do you plan to address these challenges? (Please answer each section)

- Work hours:
  
- Verbal and written English language skills:
  
- Financial plan:
  
- Child care:
  
- Family obligations:
  
- Study time and/or time management:
  
- Transportation
  
- Other (tell us what the challenge is and how you will address it):