



SURGICAL TECHNOLOGY PROGRAM
Application
General Information

Thank you for your interest in the Surgical Technology Program. Attached are all necessary forms for applying to the program. Please read all instructions **carefully** before completing the applications. It is very important to read the program and career information packets prior to filling out the forms. The **Application Period is from January 15 to April 1**. Please keep these instructions for future reference.

SEND ALL APPLICATION MATERIALS TO:

Office of Admissions and Records
Skyline College
3300 College Drive
San Bruno, CA 94066
Attn: Terry Stats

To be considered for the Fall admission to the Surgical Technology Program, all applicants **must**:

- A. Meet all college admission requirements.
- B. Submit a completed Skyline College application if they have not attended Skyline College in the previous semester. Returning SMCCD students must submit an Unofficial Transcript. AND
- C. Submit a completed Surgical Technology Program application. (See attached) AND
- D. Submit college transcripts or placement exams showing that they
1. have completed or are in the process of completing Math 110 with a grade of "C" or better
Or a Math course equivalent to Elementary Algebra. AND
 2. have completed or are in the process of completing Biology 250 with a grade of "C" or better
Or a course equivalent to Human Anatomy with a lab. AND
 3. are eligible for English 836 (Writing Development or equivalent)
- NOTE: Allow 3-4 weeks for transcript delivery. Mail transcripts to Admissions and Records, not the Surgical Technology Program.
- Foreign Transcripts will need to be evaluated by
International Education Research Foundation, Inc. www.ierf.org
P.O. Box 3665
Culver City, CA 90231-3665 (See the Counseling Dept. for other
Phone: 310-258-9451 approved evaluators)
Fax: 310-342-7086
Please ask for a community college evaluation (Detail Report). It must include a description of the upper and lower division classes and the grades awarded. AND
- E. Submit three (3) letters of recommendation. Use the Standard Form included in this packet. Include one each from three of the following categories. DO NOT use relatives or friends for recommenders.
- | | |
|------------------------------|---|
| Dean, counselor or principal | Coach or mentor |
| Teacher or instructor | Healthcare workers |
| Employer or supervisor | Community leaders (church, volunteer or club) AND |
- F. Be eligible to pass a Background Check and drug testing.

APPLICATION DEADLINE: APRIL 1

The application process:

1. Return all completed application materials by the deadline, April 1, to Admissions and Records. (It is the applicant's responsibility to ensure that the application is complete.)
2. The Applications are screened by Admissions and Records to verify transcripts.
3. All completed materials are forwarded to the S.T. Program office for consideration.
4. Applicants are admitted to the program in this order:
 - Considered First: Those applicants with completed applications submitted by April 1 that show they have met all the prerequisites. (See previous page)
 - Considered Next: Those applicants with completed applications submitted by April 1 that show they will successfully complete all prerequisites by the end of Spring semester. (*Final grades must be submitted by June 15*)
 - Not Accepted: Those applicants whose applications are incomplete, or submitted *after April 1*.
5. Acceptance letters are mailed by April 15. Approximately 20 applicants are accepted and 5 selected for the Waiting List. Wait-Listed applicants are eligible to register for the Summer SURG 440 class. Students on the Wait List will be eligible to register for the Fall course if they successfully complete Summer SURG 440 AND space is available.
6. It is recommended that those applicants who need financial aid should call the Financial Aid office as soon as possible: 650-738-4236.
7. Once the student is accepted s/he would be expected to
 - a. Complete a Physical Exam form. (Forms are sent to the student upon acceptance.)
 - b. Complete an Immunization Record for Health Care Workers, including Hep B vaccinations.
 - c. Pass a Background Check and drug test.
 - d. Pass a course in Cardiopulmonary Resuscitation for Health Care Workers (CPR or BLS-C).

For more information, please contact

Alice Erskine, CST, RN, MSN, CNOR
Surgical Technology Program
650-738-4470
erskine@smccd.edu

or visit our Website: www.skylinecollege.edu

Accreditations

Skyline College is accredited by the Commission for Accreditation of Community and Junior Colleges, 10 Commercial Blvd., Suite 204, Novato, CA 95403. The Surgical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accreditation Review Committee on Education in Surgical Technology.

APPLICATIONS ARE DUE APRIL 1.

The mission of the Skyline College Surgical Technology Program is to train competent entry-level Surgical Technologists (ST) capable of providing care for the surgical patient population in health care settings. To be effective, an ST should be flexible to respond to changing demands of the work environment and be able to perform during stressful situations.

Below are listed attributes required of the student to ensure successful completion of the Program. If the student is not capable of demonstrating the following skills and abilities, it is the responsibility of the student to request appropriate accommodation. In consultation with the Disabled Students coordinator, reasonable accommodations will be made for a student with a documented disability.

Required Abilities

To be successful in the Surgical Technology Program, the student must

- Be able to stand or sit for up to six hours at a time.
- Be able to lift and carry 50 lbs. for 20 feet.
- Have hands and arms that are free of skin disease.
- Be able to see and manipulate suture as fine as a human hair.
- Be able to hear and communicate without visual cues.

The student must be able to comprehend and react quickly to verbal instructions, patient's needs, and the requests of others. The student must be able to respond appropriately within the ST scope of practice during stressful situations.

Each student will be required to have a Physical Exam form and an Immunization Record completed by a healthcare provider prior to entering the clinical component of the program. These records will be kept confidential according to the Health Insurance Portability and Accountability Act. Upon acceptance to the program, the student will be provided with these forms.

APPLICATIONS ARE DUE APRIL 1.



SURGICAL TECHNOLOGY PROGRAM

Application checklist

Applicant, use this list to ensure that your application is complete. Incomplete applications will NOT be considered. Place your initials on the line next to the document after you have completed and inserted it in this packet. Then, sign and date the list and place it in the packet. It is highly recommended that you send your application so that you will get a Confirmation of Receipt (such as Registered Mail).

Send to: Office of Admissions and Records
Skyline College
3300 College Drive
San Bruno, CA 94066
Attention: Terry Stats

The Application Period is from January 15 to April 1 of every year.

Is/ Are your

_____ Completed Skyline College application enclosed?

_____ Completed Surgical Technology application enclosed?

_____ Typewritten Personal Statement signed and enclosed?

_____ Official College transcripts enclosed?

Is your foreign transcript evaluated? (If needed)

Did you include copies of your SMCCD transcripts? (If needed)

_____ Three (3) Letters of Recommendation enclosed?

Signature _____ Date _____



SURGICAL TECHNOLOGY PROGRAM
Application Form

Name _____
Last First MI

Previous Name (if different from above) _____

Social Security Number _____

Home Address _____
Street

City State Zip Code

Phone(s) (____) _____ (____) _____

Email: _____

Citizenship: USA _____ Other? _____

If other, what is your residency status? _____

Current Employer _____
Name

Address Telephone Number

Your Position _____

Have you ever been convicted of a drug violation or felony charge? If yes, please explain and note that a background check is required for this program: _____

Have you ever applied to or have been enrolled in a health care program previously? _____

If yes, when did you apply and in what subject area? _____

Did you complete the program? _____. If not, please explain why. _____

Students will be assigned to course work and clinical training off the college campus. Will you be able to provide transportation (Car or motorcycle) for yourself to these assignments? YES NO

EDUCATION

List all Colleges and Vocational Schools attended.

Name	Location	Dates	Degree/ Cert.

REQUIRED ABILITIES

Are you able to stand or sit up to six (6) hours per day? Yes No

Are your hands and arms free of skin disease? Yes No

Are you able to see and manipulate suture
As fine as a human hair? Yes No

Are you able to hear and communicate
Without visual cues? Yes No

Are you able to practice in a confined space under
Stressful conditions? Yes No

I state that the above information is true.

Signature: _____

Date: _____

PERSONAL STATEMENT

On a separate sheet of paper, **PLEASE TYPE** a description of your skills and abilities that would help you in your work as a Surgical Technologist. Describe situations where you demonstrated

Accountability
Responsibility
Honesty
Promptness
Assertiveness
Teamwork

The statement should be no more than two pages in length, in your own words, signed and dated.



Personal Reference Form
Surgical Technology
Program

Applicant's Name _____

Recommender's Name _____

Applicant: Under federal law entitled "Family Educational Rights Act of 1974" students are given the right to inspect their records including letters of recommendation. All letters of recommendation are considered carefully. Letters written in confidence are useful in the assessment of a student's qualifications and abilities.

A signature is required for either A or B. By signing **A**, your recommender knows the evaluation will be submitted in confidence. By signing **B**, you have retained the right to inspect this letter of reference.

A. I waive my rights to inspect this letter of reference and hereby inform my recommender that this letter will be kept strictly confidential.

Applicant's signature

B. I retain my right to inspect this letter of reference. Recommender is advised that upon enrollment I may have access to this letter.

Applicant's signature

Recommender: You have been requested to complete a reference form for an applicant to the Surgical Technology Program. Your objective appraisal will assist in evaluating the applicant's qualifications. Please return the form to the address on the back. If you do not wish to evaluate the applicant, please check item #6 and return the form. The application deadline is April 1. Thank you for your time and assistance.

1. In what capacity and for how long have you known the applicant?

2. Describe observed strengths and weaknesses and evidence of maturity or immaturity.

3. Do you have reason to believe the applicant has realistic professional goals?

4. Please describe any personal, physical, or emotional characteristics that may be important to the applicant's success in this profession.

5. How would you rate the applicant as a candidate for the Surgical Technology Program? If you have reservations, please explain.

Highly recommended

Recommended

Some reservations

Serious Reservations

6. I do not feel I can adequately evaluate this candidate and would prefer the candidate seek a recommendation from another individual.

Recommender's signature: _____

Address: _____

Title/ position: _____

Please return this form to:

Office of Admission and Records
c/o Terry Stats
Skyline College
3300 College Drive
San Bruno, CA 94066