Lackawanna College Surgical Technology Program

Surgical Technology Application Form

(Print Legibly or Type)

Application Date	
Information provided on this form will be used to make future contact via p correct. This will be the address we will use to contact you for official notific	ohone, email, and/or standard mail. Please make sure all information is up to date an cation letters or other information.
Name:	DOB:
Maiden Name / Other Names Used (for transcript purposes)	:
Address:	
Home Phone:	
E-mail:	Cell Phone
NOTE: Please advise the Surgical Technology Program Director, Mary Lou Po above information, so that we may contact you if additional information is	urnell, <u>Purnellm@lackawanna.edu;</u> 570-955-1457, if there is a change in any of the needed.

Part 1. Past or Current Course Work for possible transfer:

Due to the very specific nature of this program, applicants with transfer credits may only transfer credits related to program core courses listed below. **All courses must be passed with a C or better to be eligible for transfer**. Please provide the following information on college level courses completed or college level courses currently in progress that may be eligible for direct transfer into Lackawanna College or the Surgical Technology Program.

Course	Year/Semester Completed	Grade	Institution where course was completed	Currently in Progress
Anatomy and Physiology I 4 credits (if taken within two years)		V		
Anatomy and Physiology II 4 credits with lab (if taken within two years)		7		
Biology 4 credits with lab				
College Algebra				
Computer Applications				
College Writing				
Effective Speaking				

January 2019

Introduction to				
Psychology				
,				
Medical Ethics				
(subject to review)				
Medical Terminology				
(subject to review)				
Microbiology				
4 credits with lab				
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		py of all transcripts (both		
reviously attended even oytek at 501 Vine Street,	_	mpleted. Please send tran	scripts to Lackawanna Co	ollege c/o Steve
o, con acco- cincon con	•			
	High School GPA	College GP	Α	
AT or ACT: If the SAT or A	ACT examination has b	een completed please list	the scores if available be	low. Forward officia
opies of test scores to La				
		Score		
lease list below all colleges	or universities currently	y attending or previously att	ended with correlating dat	tes.
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Name of Employer	Supervisor	Phone Number	Dates of Employment
Job Title	Reason for Leaving		
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This form is to be provide narrative, to the Admissi stamped envelope with the	ed to your reference who will ions Department of Lackawa he reference sheet to the ind	II then mail the comp nna College. It is sugg ividual from whom yo	he Surgical Technology Program website. leted form, along with a supportive ested that you provide a self-addressed ou are requesting a recommendation. The ation, as well as on the official reference
			erences. It is recommended but not required
•	nce from any of the examples	s listed below:	
1) An educator	irrent employer or supervisor		
	of your choice other than a fa		
3) / 11 11 11 11 11 11 11	n your endice other than a rai	mily member	
Please list below the nam	ne of the individual providing	the reference. This w	ill allow us to confirm receipt of your
reference as it arrives to	us.		Charles Street, Street
Name		Title	or Relationship
Part 5. Reflective Paper	(Essay):		
		gies for Good Comm	unication and Teamwork in the Operating
Room and how it can aff	ect patient safety.		
			ork in the Operating Room. Describe why this tion and teamwork can affect patient safety.
 Your essay will be 	e scored by core faculty with	an essay rubric lookin	g at the following items:
o <u>Content</u> ,			
	tion / Development	7	
o <u>Vocabula</u>			
o <u>Grammaı</u>	<u>r</u>		
Each area will be	scored using the following sc	ale and a final essay s	core recorded:
0 – unacceptable	4 – poor 8 –fair 12 –	good 16 – excellent	:
_			
(those with completed ap	oplications meeting minimum cants will be required to crea	requirements) will be te a writing sample or	uated by core faculty, eligible applicants e contacted via email and/or phone to setup a healthcare related topic and provide said s the final process by which the Surgical
[Type here]			

Technology program faculty will have a chance to directly interact and get to know you as individual. This is considered a professional interview. Interviews will last approximately 45 minutes to 1 hour.

- 1. Please arrive appropriately dressed and on time for your interview
- 2. Interview dates and times are offered based on the availability of core faculty members.
- 3. The offering of an interview is in no way a guarantee of acceptance into the Surgical Technology program.

<u>Additional requirements for accepted students.</u> Following acceptance into the Surgical Technology program, there will be further requested items that must be completed and uploaded to Castlebranch prior to entry into the fall term. Items include:

- 1. Proof of current Adult, Child, and Infant CPR certification and AED training. All courses must be in person and can NOT be completed as an online course.
- 2. Proof of current health insurance.
- 3. Recent physical and full immunization records.
- 4. Required background checks and clearances.
- 5. Mandatory drug screenings (10-panel urinalysis).
- 6. 2-step PPD test confirmation.
- 7. Other items as indicated by program faculty/staff.
- During the application process, please send all materials to:

Lackawanna College C/O Steve Voytek, Admissions Department 501 Vine Street Scranton, PA 18509

Surgical Technology Application Checklist (to be completed by applicant)			
Requirement	Date of Completion		
PART 1: Past or Current Transfer Coursework			
PART 2: Transcripts, GPA, SAT/ACT/Accuplacer			
PART 3: Past Work Experience			
PART 4: Reference			
PART 5: Reflective Essay			
PART 6: Interview/Writing Sample (if eligible)			

[Type here]