



**Surgical Technology Program
Directions for Completing the Application
2009-2010**

Thank you for your interest in the Surgical Technology Program being offered at the Ossining Extension Center of Westchester Community College. This information packet provides basic program information and the directions for completing an application for admission.

1. Complete and mail **application for admission** with the *non-refundable* \$26 application fee. Checks or money orders should be made out to "Westchester Community College." The recommendation may be submitted at a later date, but must be received before the first day of class. Mail the completed application to

Westchester Community College
Ossining Extension Center
22 Rockledge Avenue
Ossining, New York 10562
Attn. Surgical Technology Program

2. Complete top half of **recommendation form** and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address identified in #1 above.
3. Once you have been admitted to the program, obtain a physical examination from a licensed physician and submit the **physical examination record**. **This form must be submitted no later than October 15, 2009. You do not need to mail the physical examination record with application.**
4. Once your application is received, you will be scheduled for an interview and the remaining steps in the application process. All candidates must successfully complete the entire application process to be eligible for the program. The Surgical Technology Program has limited enrollment, and the application process is selective.
5. The application for the fall 2009 Surgical Technology Program is due on or before **August 15, 2009. The program is scheduled to start on October 20, 2009.** Classes are held on Monday thru Thursday from 8:30am-2:30pm.

6. Tuition Payment Options: The tuition for the Program is \$6772.00 This tuition may be paid in full by October 12, 2009* or may be paid by module according to the following schedule:

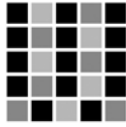
- Module 1 Payment \$1054. Due on or before 10/12/09*
- Materials Fee-1 \$ 500. Due on or before 11/09/09
- Module 2 Payment \$1054. Due on or before 12/01/09
- Module 3 Payment \$1054. Due on or before 01/07/10
- Module 4 Payment \$1054. Due on or before 03/09/10
- Module 5 Payment \$1028. Due on or before 04/27/10
- Module 6 Payment \$1028. Due on or before 06/15/10

Students must successfully complete all modules, fulfill all academic requirements, and financial responsibilities to Westchester Community College in order to be eligible to take the Certification Examination.

7. Additional Program Fees/Costs:

- Application Fee: \$26.00
- Books \$300.00 (approx.)
- Malpractice Insurance \$15.00

****The number of individuals accepted into the Surgical Tech Program is limited. For those individuals accepted into the Program, payment for Module 1 is due no later October 12, 2009. If payment is not made by 10/12/09, your seat in the Surgical Technology Program will not be held.***



Westchester
Community College

State University of New York

**Surgical Technology Program
Westchester Community College-Ossining Extension Center
Application for Admission 2009-2010**

Please complete all of the following, and print or type clearly.

Today's Date: _____

Social Security Number

Date of Birth

Sex: Male or Female

Last Name

First Name

Middle Initial

Legal Street Address

City

State

Zip Code

Home Phone Number (Area Code + Number)

Business or Cell Phone Number (Area Code + Number)

\$ _____

Application Fee Enclosed (\$25.00)

Are you a U. S. Citizen? YES NO

Do you have a permanent resident card? YES NO

Authorization to work or stamped passport? YES NO

Do you have a high school diploma/GED YES NO

If yes, date issued: _____

List college(s) or institution(s) attended and degree earned: _____

Degree/Credits: _____

Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation, or handicap is excluded from, or is subject to discrimination in, any program or activity.

**Surgical Technology Program
Recommendation Form (total of 3)**

TO THE APPLICANT:

Fill in all information in this section and forward this form to the recommender. The recommender must return the completed form to **Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Surgical Technology Program**. For the convenience of the recommender, you should include an addressed, stamped envelope. The reference must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Please print:

Name: _____

Last

First

M.I

Applicant's Signature _____

TO THE RECOMMENDER:

Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Surgical Technology Program at Westchester Community College-Ossining Extension Center.

Please Print: _____

Last Name

First Name

M.I.

Organization: _____

Address: _____

(Area Code) Phone # _____

Relationship to the applicant _____

Signature: _____

Please see reverse side

Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
1. Ability to work with doctors, nurses, and other members of a health care team				
2. Perseverance				
3. Verbal communication skills				
4. Written communication skills				
5. Punctuality				

Please feel free to add any additional comments:

Signature _____ Date: _____

**Surgical Technology Program
Recommendation Form**

TO THE APPLICANT:

Fill in all information in this section and forward this form to the recommender. The recommender must return the completed form to **Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Surgical Technology Program**. For the convenience of the recommender, you should include an addressed, stamped envelope. The reference must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Please print:

Name: _____

Last

First

M.I

Applicant's Signature _____

TO THE RECOMMENDER:

Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Surgical Technology Program at Westchester Community College-Ossining Extension Center.

Please Print: _____

Last Name

First Name

M.I.

Organization: _____

Address: _____

(Area Code) Phone # _____

Relationship to the applicant _____

Signature: _____

Please see reverse side

Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
6. Ability to work with doctors, nurses, and other members of a health care team				
7. Perseverance				
8. Verbal communication skills				
9. Written communication skills				
10. Punctuality				

Please feel free to add any additional comments:

Signature _____ Date: _____

Surgical Technology Program Recommendation Form

TO THE APPLICANT:

Fill in all information in this section and forward this form to the recommender. The recommender must return the completed form to **Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Surgical Technology Program**. For the convenience of the recommender, you should include an addressed, stamped envelope. The reference must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Please print:

Name: _____

Last

First

M.I

Applicant's Signature _____

TO THE RECOMMENDER:

Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Surgical Technology Program at Westchester Community College-Ossining Extension Center.

Please Print: _____

Last Name

First Name

M.I.

Organization: _____

Address: _____

(Area Code) Phone # _____

Relationship to the applicant _____

Signature: _____

Please see reverse side

Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
11. Ability to work with doctors, nurses, and other members of a health care team				
12. Perseverance				
13. Verbal communication skills				
14. Written communication skills				
15. Punctuality				

Please feel free to add any additional comments:

Signature _____ Date: _____

Print Last Name

First

Middle

Age:	Sex:
Height:	Weight:
Blood Pressure:	

Physical Examination-Description, Comments, and/or Recommendations	
Vision	Heart
Hearing	Abdomen
Nose	Kidneys
Throat	Extremities
Teeth	Reflexes
Thyroid	Current Medications:
Lungs	Comments:
Breasts	

Is this student physically and emotionally able to participate in the curriculum of his/her choice, which involves classroom and laboratory activities and clinical practice? If not, please specify:

Pursuant to:

State of New York Department of Health memorandum, series 88-66, 3/22/88

Health Facilities Series: H-40

Subject: Revised Part 405 Hospitals - Minimum Standards

This examination is of sufficient scope to ensure that the examined student of this date, is able to assume his/her duties free from a health impairment, which is of potential risk to the student The patient served by the student or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulates, narcotics, alcohol or other drugs or substances, which may alter the individuals behavior.

EXAMINING HEALTH CARE PROVIDER

Signature

Please Print Name

DATE: _____

ADDRESS: _____

TELEPHONE: _____

The contents of this report are confidential; information will be released only by court order or written consent of individual identified on this form

WESTCHESTER COMMUNITY COLLEGE
Ossining Extension Center
Surgical Technology Program
HEPATITIS B VIRUS INFORMATION SHEET

The U.S. Occupational Safety and Health Administrator (OSHA) issued a new Bloodborne Pathogens Standard in December 1991. The rule applies to all employers who have workers that may come in contact with blood or other body fluids during the performance of their job, putting them at risk of contacting highly contagious viral infections. Health Science student, because of the nature of their occupational training, may also be at risk of contacting these same bloodborne infections.

Bloodborne pathogens include the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS. HBV is a potentially life-threatening virus. The CDC (Centers for Disease Control) estimates there to be approximately 280,000 HBV infections each YEAR IN THE United States, about 8,700 of these include health care workers.

The observation of Universal Precaution technique and the utilization of protective clothing and equipment may prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B Virus is vaccination. Although it is not a medical requirement, it is strongly recommended that you consider being vaccinated.

If anytime you are exposed to a bloodborne pathogen, a report of the incident **MUST** be filed with the clinical affiliate, curriculum chairperson and the student Health Services Office.

PLEASE COMPLETE:

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of contacting the HBV infection.

I have been informed of the importance and benefits of the HBV vaccination and it has been strongly recommended that I be vaccinated. Please indicate your status/decision regarding hepatitis B vaccination:

1. Begun/Completed Vaccination Series:

Vaccination Dates: 1) _____ 2) _____ 3) _____

2. My signature indicates that I have decided not to be vaccinated at this time.

Signature Date

Please return this form to:
Westchester Community College
Ossining Extension Center
22 Rockledge Avenue
Ossining, NY 10562
ATTN: Surgical Technology Program
Telephone: 914-606-7400
FAX: 914-606-7401