

Westchester
Community College

State University of New York

**Central Sterile Processing Program
Directions for Completing the Application
Fall 2012**

Ossining Extension Center, 22 Rockledge Avenue Ossining, New York 10562
Telephone: 914-606-7400 Fax: 914-606-7401 E-Mail: Ossining@sunywcc.edu

Thank you for your interest in the Central Sterile Processing 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. Learn the proper techniques and procedures necessary to clean, decontaminate, inspect, assemble, and sterilize surgical instrumentation in the healthcare setting.

Program includes 120 hours of didactic content and approximately 400 clinical hours. Course content includes Human Anatomy and Physiology, Microbiology, Infection Control, Decontamination, Sterilization, Surgical Instrumentation Processing and Distribution. Upon completion, students will be eligible to sit for the national certification exam through IAHCSSM. Program starts fall 2012.

Tuesday 5:30pm-9:30pm/Friday 1:00pm-5:00pm and Saturday 10am-4pm, Sept 25, 2012-June 4, 2013.

1. Complete and mail **application for admission** with the *non-refundable* \$20 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 September 25, 2012. 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 Central Sterile Processing Program has limited enrollment, and the application process is selective.

The application for the fall 2012 Central Sterile Processing Program is due on or before August 18th, 2012. The program is scheduled to start on September 25, 2012. Program hours are as follows Tuesday 5:30pm-9:30pm/Friday 1:00pm-5:00pm and Saturday 10am-4pm, Sept 25, 2012-June 4, 2013.

5. **Mandatory Background Check** has to be completed by **September 1st, 2012**
Drug test completed closer to clinical observation dates.
6. Tuition Payment Options: The tuition for the Program is **\$5,000**. This tuition may be paid in full by **September 25th, 2012*** or may be paid by module according to the following schedule:

***Plus \$3.25 Student fee**

Module 1 Payment: \$1667.00
Due on or before 09/25/12*

Module 2 Payment: \$1667.00
Due on or before 01/20/13

Module 3 Payment: \$1666.00
Due on or before 05/14/13

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: \$20.00
- Books \$200.00 (approx.)
- Malpractice Insurance \$15.00

**The number of individuals accepted into the Central Sterile Processing Program is limited. For those individuals accepted into the Program, payment for Module 1 is due no later September 25, 2012. If payment is not made by 9/25/12, your seat in the Central Sterile Processing Program will not be held.*

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.

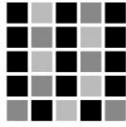
WESTCHESTER COMMUNITY COLLEGE

Department of Continuing Education- Healthcare Program Policy

All healthcare students at Westchester Community College are required to undergo a national-level criminal background check and/or drug testing in order to participate in their clinical experience. Although Westchester Community College does not require a criminal background check or drug screening for admission into the college, educational requirements of the healthcare program includes placement at one or more hospitals or other off campus clinical sites. These sites frequently require a student to undergo a criminal background check and/or drug screening before the student is placed at the site. Based upon the results of the criminal background check and/or drug screening, the clinical site could deny a student admission to the site. Even if the student has already begun the placement when the results are received, the site may elect to dismiss the student, regardless of the performance of the student up to that point.

Each clinical site that requires a criminal background check and/or drug screening sets its own standards and procedures. When the student is requested to do a drug test or background check for the site, payment for both the drug screening and background check is the responsibility of the student. The student may need to complete more than one criminal background check and/or drug screening during the course of the healthcare program at Westchester Community College. In addition, each site reserves the right to perform spontaneous drug testing at any time during the student's clinical experience.

Please note that if a clinical site determines that the student may not take part in its program based on the results of the criminal background check or drug testing, the student will be unable to complete the course requirements and therefore will be unable to continue in the healthcare program. It is important for the student to consider this before enrolling in the healthcare program. Westchester Community College has no obligation to refund tuition or fees or to otherwise accommodate the student in the event that the student is ineligible to complete the course requirements based on the results of a criminal background check or drug testing.



**Westchester
Community College**

State University of New York

**Central Sterile Processing Program
Westchester Community College-Ossining Extension Center
Application for Admission Fall 2012**

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) _____

E-Mail _____

\$ _____
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.

**Central Sterile Processing 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: _____

Central Sterile Processing Program Recommendation Form

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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 _____

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Please Print: _____

Last Name

First Name

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Organization: _____

Address: _____

(Area Code) Phone # _____

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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: _____

Central Sterile Processing Program Recommendation Form

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Please Print: _____

Last Name

First Name

M.I.

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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 Blood borne 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 blood borne 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 includes 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 blood borne 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

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