## **Application Form**



# SURGICAL TECHNOLOGY PROGRAM APPLICATION FOR ADMISSION

Note: INCOMPLETE APPLICATIONS will NOT BE CONSIDERED

Please submit completed forms to: Benjamin White, CST,

Program Director, Surgical Technology 201 W. University Blvd.

Odessa, Tx 79764

First	Las	Last M			Middle Initial		
OC Student ID number	· if applicable				U.S. Citi	zen yes/no	
Permanent Address:							
	Street			City		State Zip code	
Mailing Address (If di	ifferent from above)						
E-Mail Address:							
Other Names(s) on Ta							
	Las	st		First		Middle	
Phone Number: Prim	ary with area code				(Mo	bile/home/work)	
Seco	ondary with area code	?			(Mol	pile/home/work)	
Emergency Notify:							
Emergency Notify:	Name			ationship	(area cod	e) phone number	
	Name			ationship	(area cod	e) phone number	
Educational Backgr	Name ound: High Schoo		Rel	•	(area cod		
	Name		Rel	ationship  Attended	(area cod	Date conferred	
Educational Backgr	Name ound: High Schoo		Rel	•	(area cod		
Educational Backgr	Name ound: High Schoo		Rel	•	(area cod		
Educational Backgr	Name  round: High School  Location	ol/GED	Dates	Attended	(area cod		
Educational Backgr Name of School	Name  round: High School  Location	ol/GED	Dates	Attended			
Educational Backgr Name of School  College/University:	Name  Cound: High School  Location  List most recent fi	ol/GED  irst; List Date	Dates	Attended		Date conferred	
Educational Backgr Name of School  College/University:	Name  Cound: High School  Location  List most recent fi	ol/GED  irst; List Date	Dates  Dates  t all at	Attended		Date conferred  Degree	
Educational Backgr Name of School  College/University:	Name  Cound: High School  Location  List most recent fi	ol/GED  irst; List Date	Dates  Dates  t all at	Attended		Date conferred  Degree	
Educational Backgr Name of School  College/University:	Name  Cound: High School  Location  List most recent fi	ol/GED  irst; List Date	Dates  Dates  t all at	Attended		Date conferred  Degree	
Educational Backgr Name of School  College/University:	Name  Cound: High School  Location  List most recent fi	ol/GED  irst; List Date	Dates  Dates  t all at	Attended		Date conferred  Degree	

### **Student Handouts**

#### Essential Performance/Technical Standards Form

All students completing the Surgical Technology Program must be able to successfully demonstrate the ability to perform all Essential Performance Standards. Determination is made on an individual basis as to whether or not necessary accommodations or modifications can be made reasonable while assuring patient safety.

Non-academic requirements that students must meet to successfully complete the program competencies are published so the student can review and assess their ability to meet them. Students are encouraged to make known any special needs requiring accommodations that would assist them in meeting the technical standards that are required to meet the Essential Performance Standards. A signed copy is kept in the student's file for the duration of the student's participation in the Surgical Technology Program.

Physical Requirements: The position of student Surgical Technologist requires the ability to lift at least 30 lbs. prolonged periods of standing,
frequent bending, reaching, twisting, occasional sitting, and exposure to changes in temperature, humidity and fumes. Use of both hands for
power grip, speed and precision work and use of both feet.
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:
Data Conception: requires the ability to gather, collate or classify information about data, people or objects. Reporting and/or carrying out a
prescribed action in relation to the information is frequently involved.
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:
Color Discrimination: requires the ability to differentiate colors and shades of color.
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:
Manual Dexterity/Motor Coordination: requires the ability to use extremities, tools or special devices to work, move, guide or place objects or materials. Hand/eye/foot coordination is mandatory for selection of appropriate tool, object, or materials.
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:
nterpersonal communication: requires talking with and/or signaling people to convey or exchange information, includes giving assignments and/or
directions to peers.
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:
Physical Communication: requires the ability to speak and hear (express self by spoken words and perceive sounds by ear).
I am capable of meeting these standards.
I am not capable of meeting these requirements.
I am capable of meeting these requirements with the following accommodations:

Reasoning Develop	oment: requires ability to apply principles of logical	or scientific thinking to define problems, collect data, establish facts, and draw
valid conclusion	s. Interpret an extensive variety of technical instruc	ions in mathematical or diagrammatic form. Deal with several abstract and
concrete variable	es.	
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e followingaccommodations:
Language Develop	ment: requires ability to read and understand compl	ex information from scientific and/or technical journal, papers, etc. The
ability to communi	cate the same types of complex information and date	a through speech and in writing using proper format, punctuation, spelling,
grammar and using	g all parts of speech.	
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
Numerical Ability:	requires the ability to determine time, weight and t	perform practical applications of fractions, percentages, ratio and proportion
as well as basic add	dition, subtraction, multiplication, and division oper	ations.
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
Form/Spatial Abili	ty: requires the ability to inspect dimensions of item	s and to visually read information and data.
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
Personal Temperar	nent: requires the ability to deal effectively with stre	ess produced by the work environment and maintaining a calm and efficient
manner during any	situation with patients, visitors, staff and peers ever	n ones that may be of critical or emergency.
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
Physical Exam: rec	quires the submission of a complete health form with	n current immunization status and negative titers and screens as required per
form.		
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
-		on of Current CPR (American Heart Association) Certification at the
	er level, must include AED.	
	I am capable of meeting these standards.	
	I am not capable of meeting these requirements.	
	I am capable of meeting these requirements with the	e following accommodations:
		rms of latex in the operating room setting. Known and/or developed latex
	in a potential life-threatening situation.	
	I am aware of this physical restriction	
Student s	signature and date	Program representative and date



Surgical Technology Program
Benjamin White CST, Program Director
201 W. University Blvd.

Odessa, Texas 79764 Phone: 432-335-6459

Email: bjwhite@odessa.edu

#### **Pre-Participation Student Physical Examination and Clearance**

Name		DOB:
	Program	
☐ A.D.N. ☐ VN – Andrews	VN – Monahans	Radiologic Technology
☐ Physical Therapist Assistant	□ ЕМТ	Surgical Technology
Based on the assessment, examination, a classroom and clinical activities in the Nu		, , , ,
YES_	NO	_
Healthcare P	rovider Printed Name/Cr	edentials
Healthcare Provider Signature:		Date:
Address:		
Phone:		

If not previously enrolled at Odessa College, please visit <a href="https://www.odessa.edu/future-students/index.html">https://www.odessa.edu/future-students/index.html</a> regarding:

- Initiating the admissions process to OC
- https://www.odessa.edu/future-students/Admissions/index.html
- Submitting transcripts from other institutions
- <a href="https://www.odessa.edu/future-students/Admissions/be-a-wrangler/3-steps/1-Applying%20for%20Admission/Submit%20Official%20Transcripts/index.html">https://www.odessa.edu/future-students/Admissions/be-a-wrangler/3-steps/1-Applying%20for%20Admission/Submit%20Official%20Transcripts/index.html</a>
- Applying for Financial Aid
- https://www.odessa.edu/future-students/Financial-Aid/index.html

If applicable, request a Transcript Evaluation for all other colleges or universities attended. Contact the Registrar's/Record's Office, 432.335.6404, or request online at

 $\underline{https://www.odessa.edu/current-students/records/transcripts/request-evaluation-of-another-colleges-transcript/index.html}$ 

Complete the Texas Success Initiative Assessment. For more information, contact the Testing Center at <a href="http://www.odessa.edu/current-students/testing/index.html">http://www.odessa.edu/current-students/testing/index.html</a> or via phone at 432.335.6620

Odessa College does not discriminate on the basis of sex, race, color, national origin, religion, disability or age.

Student name	Student ID	
	Student Checklist	
ORDER OF DOCUMENTS		
Application		
TSI		
Transcript		
Medical Insurance		
Immunizations		
CPR		
Physical		
Technical Standards F	Form Form	
Surgical Technology F	landbook Acknowledgement	

Pre-Requisites				
BIOL 2401 Year BIOL 2402 Year MATH 1342 PSYC 1300 HPRS 1106 SPCH 1318 TSI - English	Taken			
Immunizations	Date	Date	Date	Notes
Hep B- Hepatitis B				
MMR-Measles Mumps Rubella				
Varicella-Chickenpox				
TB/PPD-Tuberculosis				
TDAP-Tetanus				
Flu (Seasonal)				
COVID 19 Vaccine				
CPR Expiration				

advised that it is not a substituted for reading ad understanding the information in the Surgical Technology Program Fact sheet. Additionally, it does not address State of Texas testing requirements for enrollment in college (Texas Success

Initiative). Applicants should seek the advice of a success coach.