



**SURGICAL TECHNOLOGY PROGRAM  
APPLICATION FOR ADMISSION**

Date:

|                   |                  |
|-------------------|------------------|
| Application Date: | Social Security: |
|-------------------|------------------|

|            |             |              |
|------------|-------------|--------------|
| Last Name: | First Name: | Middle Name: |
|------------|-------------|--------------|

|                 |           |               |
|-----------------|-----------|---------------|
| Street Address: | P.O. Box: | Phone: (Cell) |
|-----------------|-----------|---------------|

|       |         |        |           |
|-------|---------|--------|-----------|
| City: | County: | State: | Zip Code: |
|-------|---------|--------|-----------|

Have you been accepted for admission to Texas State Technical College?    Yes                      No

Email Address:

**EDUCATIONAL BACKGROUND:**

| LEVEL               | NAME OF SCHOOL | FROM | TO | HOURS/CREDIT COMPLETED | DEGREE/CERTIFICATE |
|---------------------|----------------|------|----|------------------------|--------------------|
| High School         |                |      |    |                        |                    |
| G.E.D.              |                |      |    |                        |                    |
| College             |                |      |    |                        |                    |
| Vocational Training |                |      |    |                        |                    |

**EMPLOYMENT HISTORY:**

| EMPLOYER | POSITION HELD | CITY/STATE | DATES |
|----------|---------------|------------|-------|
|          |               |            |       |
|          |               |            |       |
|          |               |            |       |

**PHYSICAL RECORD:** *List any physical or medical conditions that may need proper observation to prevent accidents or injuries to you. If accepted in the Surgical Technology Program you will be required to submit a complete physical exam , including a drug screen test.*

Do you hereby authorize your Doctor(s) to release record to this school and clinical site?  
 Yes                      No

Are you planning to apply for Financial Aid?    Yes                      No  
 If yes, have you contacted and applied with Financial Aid Office located at the Student Services Building?    Yes    No

Have you even been convicted of a crime other than a minor traffic violation    Yes    No    If yes explain:

I understand that the Admissions Committee will not regard this application as “complete” until all supporting documentation has been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school I have attended must be received by the Admissions Office as soon as possible at the end of each successive semester for as long as my application is being considered.

I also understand that as a Surgical Technology student, I will be exposed to blood and body fluids. Texas State Technical College will not be held responsible for any injury sustained during clinical experiences. As a student, I am required to carry my own medical and accident insurance. Proof of insurance, immunizations, and physical exam must be kept on file in the Surgical Technology Department and forwarded to the hospitals upon request. In addition, I also understand that as a Surgical Technology student, I will be required to obtain the Hepatitis B and Hepatitis A vaccinations.

The hospitals (clinical sites) have the right to approve or disapprove my application for clinical experience and may conduct a Drug Screen Test when deemed necessary. Hospitals reserve the right to refuse clinical privileges to any student.

I further understand that the information submitted herein will be relied upon by officials of Texas State Technical College to determine my status for admission. I certify that the information in this application is complete and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

|                        |       |
|------------------------|-------|
| Applicant's Signature: | Date: |
|------------------------|-------|

This completed application form must be submitted to: *Texas State Technical College  
Surgical Technology Program  
C/O Eddie Lucio Health Science Technology Building  
1902 North Loop 499  
Harlingen TX 78550-3697*

**Affirmative Action Statement**

“Every opportunity shall be afforded for Admission, employment or Educational Services regarding of race, color, sex, religion, national origin, age or disability. This publication is available in alternate format by contacting the TSTC Support Service Office at 964-364-4520.

**Surgical Technology Program  
Application for Admission**

Page 3

1. Write a short paragraph describing your present knowledge of the operating room.

|  |
|--|
|  |
|  |
|  |

2. Write a short paragraph stating why you want to become a surgical technologist.

|  |
|--|
|  |
|--|

3. What are your long range career goals?

|  |
|--|
|  |
|  |

4. In your own words, explain what you presently know about what happens to a patient undergoing surgery.

|  |
|--|
|  |
|  |

5. If you plan to work, how many hours per week do you expect to work while enrolled in the ST Program?

|  |
|--|
|  |
|--|

6. What family and/or child care commitments, if any, will you have during your enrollment at the college?

|  |
|--|
|  |
|  |
|  |

7. What three (3) courses (high school/college) were most challenging?

(1)

(2)

(3)

8. How did you find out about the Surgical Technology Program?

|  |
|--|
|  |
|--|

You may utilize the back of this page to answer your questions

## FUNCTIONAL ABILITY (ESSENTIAL FUNCTION) CATEGORIES AND REPRESENTATIVE ACTIVIITES/ATTRIBUTES FOR SURGICAL TECHNOLOGY PROGRAM

Certain minimum **physical ability** and characteristics are required in health science professions. Are you able to meet the minimum technical skills standards for the program to which you are applying?

**\* See important information under environmental statement if you suspect you have a latex allergy or sensitivity.**

| Physical criteria for Surgical Technology  | Yes | No |
|--|-----|----|
| <p><b>* Due to the physical and mental challenge of this program, it is imperative that the students are award of the physical requirements needed to successfully master the program. Read the following criteria's carefully and honestly answer "yes" or "no" to the questions asked.</b></p>   |     |    |
| <p>1. Visual Acuity</p> <p>A. Acute enough to read small printed labels on medications</p> <p>B. Acute enough to read small numbers on instruments, implants, and guides.</p> <p>C. Acute enough to handle extremely fine suture material.</p>   |     |    |
| <p>2. Hearing Ability</p> <p>A. Acute enough to hear and understand words spoken when muffled by a mask</p> <p>B. Acute enough to perceive the spoken work in an environment with a high level of background noise.</p> <p>* Individuals with auditory processing disorder will not have the visual cues needed to assist them in processing the spoken word.</p>  |     |    |
| <p>3. Speaking Ability</p> <p>A. Verbal expression clear and distinct enough to enunciate medical and surgical terminology while wearing a face mask.</p> <p>B. Ability to express thoughts clearly.</p>   |     |    |
| <p>4. Digital Dexterity</p> <p>A. Agile enough to handle surgical instruments with both left and right hands at an extremely rapid pace.</p> <p>B. Able to supinate and pronate at the wrist.</p> <p>C. May be required to assemble delicate equipment.</p>  |     |    |
| <p>5. Physical Ability</p> <p>A. Strong and agile enough to lift equipment, push stretchers and beds, and move large pieces of equipment.</p> <p>B. Ability to stand for long periods of time without a break (4 to 6 hours or longer)</p> <p>C. Bladder control for extended periods of time ( 4 to 6 hours of longer)</p> <p>D. Perform physical activities requiring ability to push, pull objects more than 50 pounds and to transfer objects of more than 100 pounds.</p> |     |    |
| <p>6. Adaptive ability</p> <p>A. Able to complete required tasks/ functions under stressful conditions.</p> <p>B. Able to perform with minimal supervision.</p> <p>C. Able to interact appropriately with all members of a surgical team.</p> <p>D. Able to develop a surgical conscience and follow strict procedures without exception.</p>  |     |    |
| <p>7. Critical Thinking</p> <p>A. Possess critical thinking ability sufficient for clinical judgment. Able to apply theoretical concepts to clinical settings.</p>   |     |    |

|  |  |  |
|--|--|--|
| <p>8. Environmental Condition</p> <p>A. The surgical technologist may be exposed to a variety of substances within the work environment. You can expect to be exposed to blood, body tissues or fluids, electrical hazards, hazardous waste materials, radiation, chemicals, and loud or unpleasant noises.</p> <p>B. You may be unable to attend labs if you are latex sensitive or have a latex allergy. We do not provide a latex free environment in our labs. You will be required to provide a doctor's written statement confirming it as safe to continue in the program if you are latex sensitive or have a latex allergy.</p> |  |  |
| <p>9. Attention span</p> <p>A. Attend to a task/ functions for periods up to 60 minutes in length.</p>   |  |  |
| <p>10. Concentration/ Memory</p> <p>A. Concentration on details with a moderate amount of interruptions.</p> <p>B. Remember tasks/ assignments given to self and others over both short and long periods of time.</p>  |  |  |
| <p>11. Substance Abuse</p> <p>A. No evidence of current alcohol or drug abuse.</p>   |  |  |
| <p>12. Emotional Stability</p> <p>A. Establish professional relationships</p> <p>B. Adapt to changing environments/ Stress</p> <p>C. Cope with own emotions</p> <p>D. Perform multiple responsibilities (concurrently)</p> <p>E. Cope with strong emotions in others (grief, anger, stress)</p> <p>F. Accept responsibility for others</p>   |  |  |
| <p>13. Communication Skills</p> <p>A. Speak English</p> <p>B. Write English</p> <p>C. Listen/ Comprehend spoken/written word</p>   |  |  |
| <p>Comments:</p>   |  |  |

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of falsification of information is cause for denial of admission of expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of TSTC Surgical Technology program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Allied Health Division  
Surgical Technology Program

I, \_\_\_\_\_, knowing that **I have a latex sensitivity or allergy**, acknowledge that I have received educational materials and understand that I will be placing myself in environments that may not be completely latex free and that I may be exposed to latex products. I assume all responsibility to avoid latex products and agree that I will not hold Texas State Technical College responsible for my avoidance of any latex products, or injury that may result from contact with any latex products.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_