**DALLAS COLLEGE - EL CENTRO CAMPUS**

**SURGICAL TECHNOLOGY PROGRAM APPLICATION**

**PLEASE PRINT:**

**DALLAS COLLEGE STUDENT ID NO.**

**NAME**

 **Last First MI Maiden/Other**

**ADDRESS**

 **Number and Street Apartment Number**

 **City State Zip Code**

**PHONE**  **Home Cell/Other**

**EMAIL**

**HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?** \_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_ **No**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. (Current official transcripts must be sent to** **studenttranscripts@dallascollege.edu** **or submitted to any Admissions Office at a Dallas College campus. (Transcripts from Dallas College campuses are not required.)**

**I certify that the information given on this application is complete and accurate.**

 **Applicant’s Signature Date**

***Educational opportunities are offered by Dallas College without regard to race,***

***color, age, national origin, religion, sex, disability or sexual orientation.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_ I have read and understand the admission process for the Surgical Technology program which is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, the HESI A2 test, and/or submission of complete application packet materials does not guarantee acceptance to the Surgical Technology program.

\_\_\_\_\_ I understand that all official transcripts must be sent electronically from the applicant’s previous colleges to studenttranscripts@dallascollege.edu. Transcripts may also be mailed from a college in a sealed envelope to Dallas College, Attn: Admissions Processing, 3737 Motley Drive, Mesquite, TX 75150. I understand that transcripts must be submitted prior to applying to a health sciences program and that failure to do so will void my application to the program.

\_\_\_ I accept full responsibility for submitting **a complete Surgical Technology application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Allied Health Admissions Office at the El Centro campus of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, proof of health insurance coverage and American Heart Association BLS-Basic Life Support level CPR certification to SurPath no later than the application filing deadline for the program or my application to the program will be disqualified.

\_\_\_\_ I acknowledge that if admitted to the Surgical Technology program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations**. I also acknowledge that I am required to have my own personal health care insurance coverage PRIOR to and for the full duration of the program and I must submit documented proof of coverage to SurPath.**

\_\_\_\_ I am aware that if I am accepted to the program, I will undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation. I understand that the results of these screenings become the property of the School of Health Sciences and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Surgical Technology program.

\_\_\_\_ I understand that clinical opportunities in the Surgical Technology program may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult a Dallas College Designated School Officer prior to graduation from the program to inquire about obtaining a Social Security number. **I also acknowledge that a Social Security number is required to take the CST certification examination offered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).**

 Applicant’s Signature Date