

**Lorain County Community College
Division of Allied Health and Nursing
Surgical Technology Program**

**ACCELERATED ALTERNATE DELIVERY CERTIFICATE PROGRAM FOR
SURGICAL TECHNOLOGISTS
APPLICATION**

To be considered all must be completed and correct documentation attached. Incomplete applications will not be considered for admission.

Please complete the following:

Full Legal Name _____
Previous Names _____
LCCC Student ID Number (if available) _____
Social Security Number _____
Home Address _____
Home Phone _____ **Work Phone** _____
E-mail address _____
Work Name and Address _____
Date of Hire _____ **Still employed?** _____
Full time or part time? _____

PART I: VERIFICATION OF TRAINING

Please check the following description of your training and attach the required documentation:

- _____ **On-the-Job (OTJ) Trained:** Attach a letter, on letterhead, from your Director of Surgical Services, stating that the on the job training occurred prior to March 1, 2000.
- _____ **Licensed Practical Nurses:** Attach proof of graduation from an accredited LPN program (copy of diploma) and current LPN license (you may copy it once, and write "DO NOT DUPLICATE" it across the copy, prior to sending).
- _____ **Military Trained:** Attach a copy of your military documentation of training.

PART II: PROFESSIONAL REFERENCES

Attach the following:

- _____ Professional reference from one surgical clinical administrator such as a unit manager, charge nurse or surgical specialty manager or surgeon.
- _____ Professional reference from your Director of Surgical Services. Reference must be on letterhead stationery and indicate that you have first scrubbed a variety of surgical procedures in the surgical specialties listed below.

PART III: VERIFICATION OF SURGICAL TECHNOLOGY WORK PERFORMANCE

To be completed by the applicant and signed and dated by the Director of Surgical Services:

	General surgery	Gynecology surgery	Genitourinary surgery	Otorhinolaryngology (ENT) surgery	Orthopedic surgery
# cases first scrubbed					

TOTAL NUMBER OF CASES FIRST SCRUBBED: _____

This applicant, _____ has worked as a full time/ part time Surgical Technologist for the past _____ years. His/her duties have included first scrubbing in the surgical specialties named above. (First scrubbing indicates that the applicant has successfully first scrubbed these cases alone, without other surgical technologists or scrub nurses present.)

Applicant: If you have worked as a surgical technologist in more than one place in the past five years, please copy this sheet and send it to your previous Director of Surgical Services and ask to have it completed.

 Applicant's printed name _____

Name of Hospital _____
 Hospital Address _____

My signature indicates that this application is truthful to the best of my knowledge.

Applicant's Signature _____ Date _____

 Surgical Service Director's printed name _____
 Title _____
 Office Address _____
 Phone Number _____
 E-mail Address _____

My signature indicates that this application is truthful to the best of my knowledge.

Signature: _____ Date _____

Send completed form, check for \$50 made out to Lorain County Community College and attachments to:

Patricia K. Sedlak, CST, RN, MEd CNOR, RNFA
 Director of Surgical Technology, Surgical Assisting and RNFA Programs
 Lorain County Community College
 Elyria, OH 44035