



“Changing lives through education, training, and skill development.”

Surgical Technology Application

P.O Box 2000
709 S. Old Missouri Road
Springdale, AR 72765
Phone: 479-751-8824 Ext. 116
Fax: 479-750-7272
www.nwti.edu

SURGICAL TECHNOLOGY

Thank you for inquiring about Northwest Technical Institute's **Surgical Technology Program**. This is an 11-month program that begins in August and ends in June.

There are **no prerequisite classes**, although college credited classes in Medical Terminology, Anatomy and Physiology I and II may be applied for course credit.

In order to be considered for registration into the Surgical Technology Program you must complete your file. **There is a file completion deadline of May 1st**. A complete file contains:

Application Fee \$10.00 to be paid when application and/or packet is mailed or turned in.

Surgical Technology Application Packet and DD-214, if applicable (**\$10.00 fee**)

Accuplacer Test Scores (\$10.00)

The **Accuplacer** is a Basic Arithmetic and Sentence skill exam. This test may be taken Monday through Friday from 7:30 a.m. until 12 p.m. A photo ID is required the day of testing. Please allow approximately **2 hours to complete the test**.

Wonderlic Test Scores (\$15.00)

The **Wonderlic** measures cognitive skill ability. This test may be taken Monday through Friday from 7:30 a.m. until 12 p.m. A photo ID is required the day of testing. This is a timed 12 minute test.

High School Transcript or GED scores

All high school and college transcripts need to be **OFFICIAL** transcripts. (An "**Official Transcript**" means. It has the embossed school seal imprint and is **sent directly** to the NTI Admissions Office. You will be responsible for any fees involved.

Immunization Records

Two (2) Measles & Rubella (MMR) are required, if born on or after January 1, 1957. Please provide a copy of all of your Immunizations. If you are one of the top applicants, you will need a negative TB skin test or a chest x-ray (allow three working days to complete this test).

Varicella: You will need to show proof of 2 vaccines, proof of positive titer, or a not from your physician stating that you have a history of varicella (chicken pox).

Two Employment References (If you do not have 2 job references, we will need 3 Personal references)

Admission into the program is by selection

Approximately one to two weeks after file completion deadline, each applicant will receive information about interview dates. It is important to notify NTI of any phone or address changes. A selection committee composed of faculty members and the program director conducts the interviews. Members of the committee will score the individual by considering previous academic accomplishments, Accuplacer and Wonderlic test scores, previous health related experience, employment references, or personal references, hospital observation and a dexterity test.

After the interview process, the top applicants will be notified. They will be required to take a dexterity test and observe in the surgery setting. The dexterity test will be administered at NTI in the Surgical Technology Lab. There will be a \$25.00 fee. The standardized dexterity test will measure your dexterity skills and eye-hand coordination. The ST Program Director will set up your clinical observation and give you the paperwork and information you need to complete this requirement. You **MUST** have a negative TB Test on file at this point.

Financial aid is available; apply at this time as this may also qualify you for future scholarships. The cost of the program is approximately \$6,041. The amount is divided up, per semester. Please see the 2016-2017 anticipated expenses on the last page.

Classes meet Monday through Friday, 8am to 4pm beginning in August. Clinical hours are approximately, 6:15am to 3:30pm. Due to the intensity of this program, full-time employment is not possible. Part-time employment is difficult, but may be manageable. If you have any mental or physical health issues that might be detrimental to your success, please take them into consideration before applying for this program.

Please contact Jessica Medina by email regarding any paperwork. jmedina@nwti.edu

NORTHWEST TECHNICAL INSTITUTE
P.O. BOX 2000 ♦ 709 S. OLD MISSOURI ROAD
SPRINGDALE, AR 72765-2000
PHONE: (479) 751-8824 EXT. 116 ♦ FAX: (479) 750-7272
www.nwti.edu

If your contact information
changes during the
admission process, please
let us know.

SURGICAL TECHNOLOGY APPLICATION FOR ENROLLMENT

NAME _____
Last First M
MAIDEN NAME: _____ E-mail Address _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
HOME TELEPHONE _____ D.O.B. ____/____/____
CELL PHONE _____ SOCIAL SECURITY # _____ - _____ - _____

EMERGENCY CONTACT

LAST NAME FIRST NAME M RELATIONSHIP
ADDRESS CITY STATE ZIP CODE
TELEPHONE

HIGH SCHOOL ATTENDED _____

SCHOOL ADDRESS _____

DID YOU GRADUATE? _____ IF SO, WHAT YEAR _____

IF HIGH SCHOOL EQUIVALENCY ACHIEVED, GIVE NAME OF TEST: _____

COLLEGE ATTENDED _____

HOURS _____ DEGREE _____

OTHER EDUCATIONAL EXPERIENCE _____

APPLICANT'S SIGNATURE _____ DATE _____

SURGICAL TECHNOLOGY APPLICATION FOR ENROLLMENT

BACKGROUND CHECK INFORMATION

All applicants and new students are advised and must sign acknowledgements that successful completion of the surgical technology program at Northwest Technical Institute does not guarantee employment at area healthcare facilities. If you have been convicted of any crime in the last three (3) years, you will not be eligible for employment at most area healthcare facilities. Students are advised to acknowledge all past crimes, including those that have been sealed or expunged as these may appear on their background checks that will be done prior to employment at area healthcare facilities.

Please answer the following questions.

- Do you have prior experience in any branch of the armed forces?
YES NO

If so, please attach a copy of your DD 214.

- Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?
YES NO
- Have you ever had a license, certificate or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?
YES NO
- Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a surgical technologist?
YES NO
- In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation?
YES NO

If you answered yes to any of the above questions, please give a detailed explanation to each yes answer.

Please select one or more of the following, as applicable: *Additional Information (used for research purposes and federal and state reporting requirements, not for admission consideration.)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Are you Hispanic or Latino Yes No Are you a citizen of the U.S. Yes No If no, country or origin

Marital Status: Married Single Divorced Separated Widowed

Applicant's Signature

Date

Your signature indicates that you have been apprised of background requirements for area healthcare facilities.

SURGICAL TECHNOLOGY APPLICATION FOR ENROLLMENT

Please write a brief statement about yourself, giving your reasons for choosing Surgical Technology as a career and include your autobiographical background:

APPLICANT'S SIGNATURE

DATE

Surgical Technologist Duties Acknowledgement Form

Duties and Responsibilities:

A surgical technologist is a healthcare professional whose primary responsibility is to maintain the sterile field, understand the procedure being performed, anticipate the needs of the surgeon, maintain a current knowledge base, maintain quality patient care during the operative procedure and maintain constant vigilance regarding the adherence of aseptic technique by all members of the surgical team. They handle necessary instruments, supplies and equipment necessary before, during and after the surgical procedure. In addition to the technical aspects of the profession, the technician must always be aware of the patient's condition and needs.

Special Qualifications:

In addition to minimum requirements regarding reading, language and math skills, the student must, unassisted:

1. Demonstrate the ability to comprehend and interpret written material.
2. Able to make appropriate judgment decisions.
3. Follow written and oral/verbal instructions in English.
4. Possess short- and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
5. Synthesize information from written material and apply the knowledge to various situations.
6. Demonstrate the use of positive coping skills during patient, staff and faculty interactions.

Psychomotor Qualifications:

1. Vision – Normal, corrected. Demonstrate sufficient ability to load a fine 10-0 suture on a needle holder with or without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
2. Hearing – Normal corrected or aid able. Hear and understand muffled communication without visualization of the communicator's mouth/lips within 20 feet. Hear activation/warning signals on equipment.
3. Smell – Able to detect odors sufficient to maintain environmental safety and patient needs.
4. Touch – Normal tactile sensitivity. Manipulate instruments, supplies and equipment with speed, dexterity and good eye-hand coordination.

Physical Qualifications:

1. Able to stand, bend, stoop and/or sit for long periods of time in one location with minimum or no breaks.
2. Able to lift from 50-75lbs, carry up to 75lbs., push up to 300lbs. and pull 100-200lbs., 34-67% of the time.
3. Able to refrain from nourishment or restroom breaks for periods of up to 6 hours.
4. Ambulate/move around without assistive devices.
5. Able to assist with and/or lift, move, position and manipulate an unconscious patient.

Communication Qualifications:

1. The ability to interact and verbally communicate with others.
2. Ability to communicate and understand fluent English, both verbally and in writing.
3. Demonstrate positive interpersonal skills during patient, staff and faculty interactions.
4. Demonstrate calm and effective responses, especially in emergency situations.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities and qualifications of a surgical technologist. I **do** _____ **do not** _____ (check one) have any problems meeting the above technical requirements. In the event that I am selected for the ST program, I understand that it will be necessary for me to demonstrate the technical requirements during my clinical training. I understand that any misrepresentation or falsification of information is cause for denial of admission. Upon discovery of falsification of stated ability, a student that has been admitted to the program may not be able to continue.

Signature of Applicant

Date

SURGICAL TECHNOLOGY APPLICATION FOR ENROLLMENT

EMPLOYMENT HISTORY: List most recent first. If you do not have an employment history, please indicate in the space provided below.

EMPLOYER	MAILING ADDRESS	JOB	DATES FROM TO

PERSONAL REFERENCES: Other than relatives

NAME/RELATIONSHIP	PHONE

Employment Reference Letters: You will need two (2). Complete the top portion of each form and sign it. Leave the signed forms with your current or previous employers. They are to be completed by and mailed by the employer directly to NTI. ***Employment reference letters submitted to NTI directly from the applicant will not be accepted.*** Three personal references should be submitted if you do not have professional references.

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.

APPLICANT'S SIGNATURE

DATE

(5)

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EMPLOYMENT REFERENCE LETTER

PART I-TO BE COMPLETED BY SURGICAL TECH APPLICANT. ONCE COMPLETED SEND TO EMPLOYER.

**Employer Name, Address,
& Phone Number:** _____

Applicant's Name: _____

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Surgical Technology Program.

APPLICANT'S SIGNATURE DATE

PART II-FOR EMPLOYER. PLEASE COMPLETE AND MAIL TO NTI.

Employment reference letters submitted to NTI directly from the applicant will not be accepted.

The above person has applied for admission to our Allied Health Programs and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for a position in the medical field as a health care provider? All information will be kept confidential. It is not a kindness to recommend one who is not suited for this type of work. Thank you for your assistance.

Employment Dates: _____ Would you rehire this applicant? _____

Job Responsibilities: _____

Evaluate the applicant on the following 1 – 5 scale: **1=Unacceptable 2=Poor 3=Fair 4=Good 5=Excellent**

Ability to get along with others	1	2	3	4	5	Reaction under stress	1	2	3	4	5
Ability to follow directions	1	2	3	4	5	Displays honesty	1	2	3	4	5
Displays a sense of responsibility on the job	1	2	3	4	5	Works in an efficient manner	1	2	3	4	5
Dependability as a team member	1	2	3	4	5	Ability to function independently	1	2	3	4	5

Please give us any further information that you might have about this individual that will help us to decide upon his/her suitability as a health care professional. _____

SIGNATURE / TITLE

DATE

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