

SURGICAL TECHNICIAN PROGRAM APPLICATION

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)
Address		
City	State	Zip
Telephone Numbers: (Day)		(Evening)
Are you currently a Huntsville Hospital employee? Yes No		
If yes, employee ID number _____ Department _____		
<i>Individuals currently employed by Huntsville Hospital may not be in disciplinary process</i>		
Have you worked for Huntsville Hospital in the past? Yes No		
If yes, did you use a different name _____		

EDUCATIONAL INFORMATION

(attach transcript if applicable)

Institution	Dates (From – To)	Graduation Date	Major/Degree

BCLS or Basic Lifesaver or None (circle) Date taken _____ (attach copy of card)

Directions: Please answer the questions/statements below. If you need additional space to complete your answer, you may use the back of this sheet or attach additional pages.

1. What do you believe is your greatest strength?

2. Briefly describe yourself including hobbies, personal interests, etc.

3. What specific qualities can you bring to this job?

Please include a Formal Resume

Please attach a 250-word or (1) page, typed response to the following essay question:

Discuss why you want to become a Surgical Technician and how this relates to your short-term and/or long-term goals.

NOTE: After receiving the participant application and reviewing it, the Surgical Technology Program Faculty will contact the applicant to schedule the Healthcare Occupations Exam.

APPLICATION CHECKLIST:

Prior to sending your application, make sure these documents are included in the packet

- Completed Application
- Application Fee
- Official Transcript
- Professional Resume
- Signed Program Physical Requirements
- 3 professional references

Mail documentation to the following address:

**Surgical Technology Program
Huntsville Hospital
Corporate University
P.O. Box 1167
Huntsville, Alabama 35807**

Program Physical Requirements *(Please print):*

Last Name

First Name

Middle Initial

PROGRAM REQUIREMENTS

The ability to meet all of the following program requirements is necessary to be able to demonstrate clinical competency and to meet program outcomes required for graduation.

Gross Motor Skills: Move within confined spaces; maintain balance in multiple positions; reach above shoulder; reach below waist; reach out front

Fine Motor Skills: Pick up objects with hands; grasp small objects with hands; write with pen or pencil; key/type (use a computer); pinch/pick or otherwise work with fingers; twist (e.g., turn objects/knobs using hands); squeeze with fingers (e.g., eye dropper)

Physical Endurance: Stand (e.g., at operative field for long periods of time doing surgical or therapeutic procedure); sustain repetitive movements (e.g., CPR); maintain physical tolerance (e.g., work on your feet a minimum of eight hours)

Physical Strength: Push and pull 50 pounds (e.g., carry instrument pans, position patient, move equipment); support 50 pounds of weight (e.g., hold extremity for prep); lift 50 pounds (e.g., pick up a child, transfer patient, end to lift an infant or child); carry equipment/supplies; use upper body strength (e.g., perform CPR, physically restrain a child); squeeze with hands (e.g., operate fire extinguisher)

Mobility: Twist; stoop/squat; bend; move quickly; climb stairs; walk

Hearing: Hear normal speaking-level sounds; hear faint voices; hear faint body sounds; hear in situations when not able to see lips (e.g., when masks are used); hear auditory alarms

Visuals: See objects up to 20 inches away; see objects up to 20 feet away; use depth perception; use peripheral vision; distinguish color and color intensity (e.g., flushed skin/ paleness); see in darkened room (e.g., during endoscopic procedures, eye surgery)

Tactile: Feel vibrations (e.g., palpate pulses); detect temperature; feel differences in surface characteristics; feel differences in sizes, shapes (e.g., identify body landmarks); detect environmental temperature

Smell: Detect odors

Environment: Tolerate exposure to allergens (e.g., latex gloves, chemical substances); tolerate strong soaps; tolerate strong odors; tolerate cool temperatures of the operating room suites

Reading: Read and understand written documents; read digital displays

Math: Comprehend and interpret graphic trends; calibrate equipment; convert numbers to and from metric, apothecaries, and American systems (e.g., dosages); count rates; read and interpret measurement marks; add, subtract, multiply and/or divide whole number; computer fractions and decimals; document numbers in records

Emotional Stability: Establish professional relationships; provide client with emotional support; adapt to changing environment/stress; deal with the unexpected (e.g., patient condition, crisis); focus attention t task; cope with own emotions; perform multiple responsibilities concurrently; cope with strong emotions in others

Analytical Thinking: Transfer knowledge from one situation to another; process and interpret information from multiple sources; analyze and interpret abstract and concrete data; evaluate outcomes; problem solve; prioritize tasks; use long-term memory; use sort-term memory

Critical Thinking: Identify cause-effect relationships; Plan/control activities for other; synthesize knowledge and skills; sequence information; make decisions independently; adapt decisions based on new information

Interpersonal Skills: Establish rapport with individuals and groups; respect/value cultural differences in others; negotiate interpersonal conflict

Communication Skills: Teach; influence people; speak English; write English; listen/comprehend spoken/written word; communicate in an understandable manner; collaborate with others; manage information

Upon Acceptance

Admission into the program requires drug screening, background check, physical exam, and hospital required immunizations (TB, MMR, Hepatitis B, etc).

MEDICATION MANAGEMENT

The use of medication/substances that may cause drowsiness or otherwise impair mental or physical functioning, whether prescribed, over-the-counter, or illegal, is prohibited during class and clinical experiences.

ACKNOWLEDGEMENT

I understand the above statements regarding Program Requirements. If I do not meet these requirements I will not be able to continue in the program.

Signature

Date

Huntsville Hospital - Surgical Technology Professional Recommendation Form

APPLICANT: Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students have the right to inspect their records, which include letters of recommendation. The Selections Committee considers all recommendation letters carefully and believes that in many instances letters written in confidence are of greater value in the assessment of the applicant's qualifications and abilities.

I do _____ I do not _____ waive my right to review the content of this form.

Applicant Signature _____ Date _____

Applicant's Name: _____

The person whose name appears above has applied for admission to Huntsville Hospital Surgical Technology Program. He/she has given your name as a person to be contacted for information regarding his/her character and ability to work in patient care. Please answer the following question and provide any additional comments that could be helpful. **All information provided is considered confidential and private.**

Please complete the form and return it to Corporate University in a sealed envelope with your signature across the flap.

How long have you known the applicant? _____

Relationship to the applicant? _____

Do you have any reasons to doubt this person's integrity? Yes No

If yes, please explain _____

General Academic Ability

Please rate the applicant on the following traits.

	Excellent	Above Average	Average	Below Average	Not Observed
General Academic Ability					
Attendance					
Perseverance					
Ability to communicate – Writing					
Ability to communicate – Speaking					
Maturity					
Motivation/Initiative					
Ability to work with Others					
Ability to work Independently					
Personal Appearance					

Do you think the applicant is prepared to undertake the course of study? Yes No

If no, please explain.

Applicant's Strongest Characteristic(s)

Applicant's Weakest Characteristic(s)

Are there any additional comments which you feel would aid in the evaluation of this applicant?

Recommend with highest confidence Recommend Do not recommend

Name _____

Address _____

Phone _____

Title and Department _____

Signature _____ Date _____

(Completing and signing this form acknowledges that I am not a relative or family friend of the applicant)

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