SURGICAL TECHNOLOGY

PROGRAM DESCRIPTION:
The program in Surgical Technology prepares the graduate for employment as an integral part of a surgical team. Surgical technologists work closely with surgeons, anesthesiologists, registered nurses, and other surgical staff in delivering patient care and assuming appropriate responsibilities before, during and after surgery. Surgical Technologists are employed in acute and ambulatory care facilities. Upon completion of the basic one-year program the student is granted a Technical Certificate; or a student may wish to pursue an Associate of Applied Science (AAS) Degree. Near completion of the program, students sit for the National Board of Surgical Technology and Surgical Assisting (NBSTSA) Certified Surgical Technologist (CST) exam. Upon graduation from the program and successful completion of the exam, students will be designated as a Certified Surgical Technologist (CST).

APPLICATION PROCEDURE AND DEADLINE:
Classes are admitted in August. Class size is limited, and all applicants are not selected for participation. Applicants must have a High School or GED Diploma and meet special admission requirements for the program listed below.

Application Deadline: 2nd Friday in April. Students may, however, apply for admission through general registration or until available slots are filled.

All applicants shall have equal opportunity regardless of race, age, sex, creed, religion, or nationality. Applicants with special needs due to disability must make this fact known prior to admission so that necessary accommodations can be made. Because of the nature of the profession, it may not always be possible to accommodate students with severe disabilities.

ADMISSION REQUIREMENTS:
1. Completion of all general admission procedures of the College.
2. Completion of the Nursing and Allied Health Application for Admission form.
3. ACT Composite Score of 19 or COMPASS scores : Reading 83; Writing 80; Math 21; and or completion of 15 semester credit hours (excluding developmental education) of general education courses applicable to the program with a cumulative GPA of 2.5 or higher.
4. College transcript documenting successful completion of Pre-Admission courses.
5. Possesses a cumulative 2.5 Grade Point Average or higher
6. Completion or test scores validated exemption of all required developmental studies courses in English, math, and reading are required for the AAS degree.

The student is responsible for submitting at the time of application documentation of all the above admission requirements to:

Southeast Arkansas College
Nursing & Allied Health Division
1900 Hazel Street
Pine Bluff, Arkansas 71603

NOTE: Students pursuing the Associate of Applied Science Degree in Surgical Technology will be required to meet placement standards set by the College prior to enrolling in math and/or English Composition courses.

Any applicant who does not have a completed application packet in the Nursing & Allied Health Technologies Division at Southeast Arkansas College by 4:30 p.m. on the application deadline date may not be considered for admission.

Revised 2/2015, 4/2015
ACCEPTANCE PROCEDURE
Should qualified applicants exceed the available slots in the program, admission into a particular class will be based on the date of completed application. Upon acceptance into the Surgical Technology program, the student must submit the following in order to begin classes and must be valid for the entire period of enrollment in the program: It is the students’ responsibility to submit all documents required for clinical through the College’s Clinical Requirements database-American Data Base (ADB). The cost of the drug screen and criminal background check is the students’ expense.

1. Current American Heart Association (AHA) CPR Certification
2. Functional Ability Acknowledgment Form
3. P.P.D. Skin Test or Chest X-ray
4. Hepatitis B Series or Signature on Southeast Arkansas College Vaccination Waiver Claim Form
5. Drug Screen
6. Submit to a Criminal Background Check. Students are responsible for any fees associated with the background check.

All students accepted must have a criminal background check. Students are responsible for any fees associated with the background check.

Students enrolled in Allied Health programs with a clinical component will be assessed a fee for malpractice insurance.

Near completion of the program, students sit for the National Board of Surgical Technologist and Surgical Assisting (NBSTSA) Certified Surgical Technologist (CST) exam. The fee for the exam is the students’ responsibility.

NOTE: Random drug screening may be utilized at any time during the course of the program at the students’ expense.

Revised 2/2015, 4/2015
## SURGICAL TECHNOLOGY

### ASSOCIATE OF APPLIED SCIENCE DEGREE AND TECHNICAL CERTIFICATE

#### Pre-Admission Requirements

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**COMPLETION AWARD: Technical Certificate**

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#### 2nd Year - 2nd Semester

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**COMPLETION AWARD: Associate of Applied Science Degree**

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*General Education courses required for the Technical Certificate and/or Associate of Applied Science Degree. Science Courses must have been completed within the past five (5) years or receive special permission for acceptance. +Courses may not be transferable. Check with transferring institution.

The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); 1361 Park Street; Clearwater, FL 33756, Phone: (727) 210-2350 Fax: (727) 210-2354- on the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting,(ARC/STSA); #6 West Dry Creek Circle, Suite #110, Littleton, CO 80120, Phone: (303)694-9262. Fax: (303)741-3655.

Revised 2/2015, 4/2015
SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION
Surgical Technology

NAME______________________________________________________________

DATE OF BIRTH_________________________________ Sex: Male/Female (Circle One)

ADDRESS_________________________________________CITY/STATE/ZIP________________________

STUDENT ID NUMBER__________________________________________________

PHONE NUMBER__________________________________________________________________________

Have you ever had any encumbrances against your nursing license in Arkansas or any other state? Yes_____No_____ 
If Yes, please explain

__________________________________________________________________________________________

PERSONS TO NOTIFY IN CASE OF EMERGENCY
Name, Address, City/State, Phone No.

__________________________________________________________________________________________

DO YOU HAVE HOSPITALIZATION OR HEALTH INSURANCE COVERAGE? Yes_____No_____ 

**HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes_______No_______ IF SO, PLEASE EXPLAIN

__________________________________________________________________________________________

PREVIOUS WORK EXPERIENCE (List most recent first)

__________________________________________________________________________________________

PERSONAL REFERENCES (No relatives)

1.

Name Complete Address Phone Number

__________________________________________________________________________________________

2.

Name Complete Address Phone Number

__________________________________________________________________________________________

EDUCATION: HIGHEST GRADE COMPLETED__________________________________________________________

DATE OF GRADUATION/GED______________________________

NAME & ADDRESS OF LAST SCHOOL ATTENDED____________________________________________________

DESCRIBE ANY EXPERIENCE IN NURSING OR ANY OTHER FIELD RELATED TO MEDICINE:

__________________________________________________________________________________________

ARE YOU WILLING TO GO TO ANY AGENCY IN OUR SERVICE AREA FOR YOUR CLINICAL TRAINING?

YES_____NO____ If no, REASONS: _____________________________

PLANS AFTER GRADUATION

__________________________________________________________________________________________

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 or falsifications of information is caused for denial of admission or suspension from the program. I authorize the college to
release information provided by me in the application for admission to the NAH program, to approval/accrediting agencies and clinical affiliates,
as required. This authorization includes the release of my transcript.

__________________________________________________________________________________________

DATE SIGNATURE

** Please be advised that many healthcare facilities utilized for student clinical experiences require students to have mandatory background checks conducted and
certain convictions may result in the student not being able to attend clinical at specific agencies.
Applicants to the Surgical Technology program will be required to submit criminal background information.

Revised 2/2015, 4/2015