



CALHOUN COMMUNITY COLLEGE

Post Office Box 2216 • Decatur, Alabama 35609-2216 • Phone 256-306-2500 • www.calhoun.edu

Dear Applicant:

Thank you for your interest in the surgical technology program. Please complete your application and return it to Ms. Ann Wagon. Only complete applications, which have a current copy of your transcripts, will be accepted. Incomplete applications or applications without transcripts will be discarded.

Priority for selection to the program will be given to students who complete prerequisites by the end of spring semester. Applications submitted after May 1st will only be reviewed at the discretion of the surgical technology program director.

Invitations to attend an information session will be mailed to persons that submit a completed application on or before May 1, 2010. At the session, candidates for the program will be given an introduction to the field of surgical technology and to the requirements of the program. All candidates will then have a short interview. Applications are reviewed in June. Candidates will be selected at that time for the fall 2010 class. Since class size is limited, applicants are encouraged to submit their application as soon as possible.

Please feel free to contact Ann Wagon, 256 306-2786 with any additional questions.

Sincerely,

Grant Wilson
Surgical Technology Program Director
Calhoun Community College



CALHOUN COMMUNITY COLLEGE

Priority Deadline:
May 1, 2010.

Surgical Technology Program Application for Admission

PLEASE PRINT

Name _____

Mr. Ms. First _____ Middle _____ Last _____

Address: _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Social Security Number _____

Educational Background

High School _____ Date of Graduation _____ Average _____

College or Technical School*	Hours completed	GPA	Degree earned

***Please attach transcript.**

Experience

Do you have experience in a patient care setting _____yes _____no

If yes please describe the experience including dates.

Review the pdf document “Growing Career” at www.ast.org/pdf/GrowingCareer.pdf. Then attach a handwritten statement (one page or less) explaining why you wish to have a career as a Surgical Technologist.

I hereby make official application for admission to the Surgical Technology Program for fall semester, 2010. I understand that class size is limited and that application does not guarantee admission, enrollment, or progression in the Surgical Technology Program. Applications received after the priority deadline will be reviewed at the discretion of the surgical technology program director. Application is good for only one year.

All information included in this application is subject to verification prior to admission to the Program.

Signature

Date

The surgical technology program is accredited by:
CAAHEP
1361 Park Street
Clearwater, Florida 33756
www.caahep.org

Upon the recommendation of:
ARC/STSA
6 West Dry Creek Circle, Suite 110
Littleton, Colorado 80120
www.arcstsa.org
