Application Checklist for Surgical Technology Program

Your application is **NOT COMPLETE** and cannot be considered in the admissions process until **ALL** forms and any required documentation is included.

Use the checklist below to verify that all information is included. Sign and date this form. Submit this and the indicated information to the Surgical Technology Program Director, or department secretary. These items may be mailed or delivered to the specific departments listed. All information, current and accurate, is required by the application deadline of **May 15th**.

- □ Application for Admission to McLennan Community College. <u>https://www.mclennan.edu/admissions/become-a-student/index.html</u> Applicant must be a current student to enroll in any class or apply to any program.
- □ Application for the Surgical Technology Program. Completed application must be sent to the Surgical Technology Program Director. E-mailed applications are not accepted.
- □ Documentation Transcripts from all colleges where you have earned credit.

If all prerequisite courses were completed at McLennan Community College or if all credits have been submitted to McLennan at time of application to the college, only a McLennan transcript is required.

- □ Documentation Proof of Health Career certifications. This information must be supplied with the Surgical Technology program application
- □ Attend program information session <u>by May 15</u>th of the application year.
- Documentation Proof of Military service (DD 214).

After you have completed and checked all applicable items above, you are now ready to turn in your application

Signature

Date



1400 College Drive . Waco, TX 76708

https://www.mclennan.edu/pathways/Health-Professions/index.html

Application for Surgical Technology Program

Application deadline is May 15. This application is effective for *ONLY* one review. A new application is required for each admission.

Name:			
Last name	First name	Middle name	Other names used on records
MCC ID#:			
Current address:			
House number Street, Route or P. O. Box number	er		Apartment number
City Cou	inty	State	ZIP
Telephone number: home ()		work ()	
Email address:		_	
Expected year of enrollment: Fall 20			
Previous experience in a health occupation:			
Certified/licensed in a health occupation: 🖵 Yes 🗔 No			
If yes, please state: Health occupation:			
Date of certification/license:		State awarding certificate/license:	
List all colleges and/or vocational-technical schools you have	ave attended, including	MCC:	
College		Dates Attended	
The steps outlined on the Application Checklist (admission considered for admission to the Surgical Technology P		transcripts, etc.) must be complete	d before the applicant can be
Have you ever been convicted of a crime other than a minor	r traffic violation? 📮 Y	es 📮 No	
Please note: Driving under the influence (DUI) or driving will result in withdrawal from this program.	under suspension (DUS) are not considered minor traffic v	violations. Failure to disclose
Are you currently, or have you ever been, expelled or place	ed on disciplinary suspe	nsion from any college or univers	ity? 🗆 Yes 🗆 No
I understand that completion of the clinical experience will	l require travel outside c	f McLennan County. (initial for u	Inderstanding)
I certify that the information furnished in this application is	complete and correct.		

Signature

Return this form to: Program Director, Surgical Technology Health Professions Office 112 McLennan Community College 1400 College Drive Waco, Texas 76708



https://www.mclennan.edu/pathways/Health-<u>Professions/index.html</u> McLennan Community College does not discriminate on the basis of gender, disability, race, creed or religion, color, age, or national origin.

Date