Thank you for your interest in the Surgical Technology Program for Fall 2016. This application packet contains important information about admission requirements, the admission process, and program requirements for Fall 2016 (Note: these admission requirements are applicable to Fall 2016 only. For subsequent years, admission requirements are subject to change without notice).

Here are the Steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION IN THIS PACKET
Please read all of the information in this packet carefully and follow all instructions. Admission to this Program is highly competitive and has a selective admission process. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS
The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant’s responsibility for assuring that the application is complete and received. If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.

STEP 3: SUBMIT YOUR COMPLETED APPLICATION
We will begin taking completed applications on September 21, 2015. All completed applications received by close of business on February 12, 2016 will be reviewed for potential acceptance to the program. Completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, but there is no guarantee of such consideration. Admission to this program may close at any time after this date without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the above dates. Applicants who submit completed applications between September 21, 2015 and February 12, 2016 will receive written notification of an admission decision in a letter postmarked by April 1, 2016. If offered admission, a non-refundable $100.00 deposit will be required to secure your acceptance to this Program.

- Walk-in Submission - We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- Mail-in Submission - As stated above, it is the applicant’s responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material; your application will not be processed. We will mail it back to you.
INSTRUCTIONS (Page 1 of 2): **The last Column of this form is to be completed by the applicant.** It identifies the admission requirements for this program.

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCC Application for Admission</td>
<td>This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).</td>
<td>Initial: __________</td>
</tr>
<tr>
<td>Communications and Math Proficiency</td>
<td>There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit <a href="http://www.northshore.edu/academics/proficiency/basic_skills.html">http://www.northshore.edu/academics/proficiency/basic_skills.html</a></td>
<td>Initial: __________</td>
</tr>
<tr>
<td>Mandatory Information Session</td>
<td>Upcoming dates are included in this packet. When you attend the orientation, you will be given an attendance form to submit.</td>
<td>Initial: __________</td>
</tr>
</tbody>
</table>
| High school transcript or GED score     | Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file. | Initial and check: Initial: __________
                                          |                                                                                                                                              | _____ submitted now with packet of application material. _____ previously submitted          |
| Questionnaire                          | The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.                                                                             | Initial: __________                                                                                                     |
| Program’s Student Handbook             | Read the Surgical Technology Program’s Student Handbook in its entirety. This can be accessed in the Library or on the website: http://www.northshore.edu/academics/programs/srg/student_handbook | Initial: __________                                                                                                     |
### Admission Requirements Checklist

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official transcripts from <strong>all</strong> Colleges/Universities previously attended</td>
<td>Submit official transcripts from <strong>all</strong> Colleges/Universities previously attended. If the College/University will give an official transcript directly to you, then have them do so. This is the <strong>most efficient way for you to ensure that receipt of transcripts do not hold up your application</strong>. If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to <strong>submit an updated transcript</strong>. <strong>NOTE:</strong> The sooner you start the transfer request process the better. It has been the College’s experience that it can take on average 1-2 months for transcript requests to be processed and sent to us from other colleges.</td>
<td>Initial <strong>and</strong> check the option(s) that apply: Initial: __________ __ submitted with this packet of application material. __ mailed directly to NSCC ____ previously submitted (no new courses).</td>
</tr>
</tbody>
</table>

### Evaluation Information

Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

### Confirmation Statement

**When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement below and submit** your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form):

I acknowledge that I have read all of the information in this admission application packet and the Surgical Technology Program’s Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: ___________________________________________  Date: ____________________
Additional Important Information

1. **If you are accepted** you MUST attend a **Mandatory Orientation/Registration** day scheduled for **Tuesday June 7, 2016**. Also, you will be required to attend additional orientation day(s) during the months of July and/or August, during which time you will receive further important program information and be orientated to guidelines for patient simulation scenarios. Further information (including dates/times) for these additional orientations will be given to you at the June 7, 2016 orientation.

2. **The program anticipates accepting approximately 18 students for Fall 2016.** The decision in response to your completed application will be: accepted to Surgical Technology; accepted conditionally to Surgical Technology; or wait list for Surgical Technology; or denied admission to Surgical Technology.

3. Please be advised that **students accepted to this program will be required to fully participate in patient simulation scenarios** designed to closely replicate the healthcare workforce environment, which will prepare students to perform required competencies and care for patients. These scenarios are video recorded and viewed in debriefing sessions that allow for reflective learning, peer-to-peer learning, and evaluation by faculty/staff. Students are expected to respect and care for the patient simulators as if they were live patients, as well as to respect their fellow classmates during scenarios and debriefing sessions.

4. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a **Criminal Offender Record Information (CORI)**, and/or **Sex Offender Record Information (SORI) check(s)**, and/or **National County Background Check(s)**. Depending on the contents of student’s CORI(s) or SORI(s), a student’s participation in clinical internship or field placement course may not be allowed, and therefore may impact a student’s ability to complete program requirements. Furthermore, please note that all screening requirements that occurred during the student’s enrollment in the program do not presume a guarantee of eligibility to sit for professional credentialing examination(s) or employment in a medical facility upon graduation.

5. **Drug Screening** - Student(s) accepted to a Health Profession program and/or enrolled in a health profession course may be required to undergo a drug screening analysis in order to be eligible for participation in clinical internship(s). The drug screening(s) may be random or for cause, and the student will be notified if they are required to undergo such drug screening(s). Students who either fail to pass, or refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame required in the notification of drug screening, will be deemed ineligible for clinical placement, which will affect their status in the program. If you have any questions pertaining to this policy, please contact the Dean of Health Professions, Human Services and Emergency Response Pathways, Maryanne Atkinson at matkinso@northshore.edu.

6. The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSTA) has established thresholds for outcome assessment in surgical technology programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). One of the mandated outcomes requires that our graduates take the Surgical Technology Certification Practice exam and the Surgical Technology Certification Exam. **As of July 1, 2013 national certification is also required to practice as a surgical technologist in Massachusetts.** As a CAAHEP accredited program we require that students submit their application and nonrefundable $40.00 practice exam fee and $247.00 certification exam fee to the program director at the beginning of the Winter/Spring semester 2016.
7. **Working as a Surgical Technician is physically, mentally, and emotionally demanding.** Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). A list of the essential tasks is in this packet under the section entitled, “Technical Standards for The Surgical Technology Program”.

8. **Students will be required to submit documentation from an optometrist or ophthalmologist of a complete eye exam, including test results for color blindness.**

9. **All students must document immunity** to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document one-dose of tetanus, diphtheria and acellular pertussis vaccination; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Please be advised that most clinical facilities may also require you to document status of an annual flu vaccine within the prior 12 months of your clinical placement. Students who have not received the flu vaccine within the stated time frame, must comply with alternative requirements that the facilities may establish at their discretion. **If you are accepted** a Health Packet will be mailed to you and must be thoroughly completed by your physician or nurse practitioner AS SOON AS POSSIBLE, but **no later than July 5, 2016**. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).

10. Prior to beginning clinical placements, students must subscribe to **Student Liability Insurance**.

11. All students must have documentation of **Health Insurance and American Heart Association Basic Life Support (BLS) at the healthcare provider level.**

12. During the program, **students are responsible for their own transportation** to a variety of clinical facilities (which may or may not be accessible by public transportation).
How to Apply for Admission

GENERAL INSTRUCTIONS

• Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
• Complete the In-State tuition form.
• Submit proof of high school graduation (diploma or high school transcript), GED/HISET, associate degree or higher. Some programs may require high school transcripts or GED/HISET scores.
• Submit official transcripts from each previous college listed on the application.
• Submit all documents to the following address:
  North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION

• No application fee is required. NSCC has an open admissions policy.
• Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
• Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or Sex Offender Registry Information (SORI) check prior to participation.
• CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student’s CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.

For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.

FINANCIAL AID

North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). To apply for financial aid, students must complete the FAFSA available on the Federal Financial Aid Web site at www.fafsa.ed.gov. Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Student Financial Services Office has counselors who can assist you.
NSCC Application for Admission

Please select a term:  ○ FALL  ○ WINTER/SPRING  ○ SUMMER  ○ YEAR: __________

LAST NAME

MIDDLE NAME

FIRST NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

ENTER SOCIAL SECURITY #: ____________ Optional, but required if seeking financial aid or tax credit.

STATE  ZIP

DATE OF BIRTH  MONTH  DAY  YEAR

GENDER:  ☐ FEMALE  ☐ MALE

Contact Information

CELL PHONE  _______  _______  _______  _______  WORK PHONE  _______  _______  _______  _______

HOME PHONE  _______  _______  _______  _______

EMAIL ADDRESS (PLEASE PRINT NEATLY)

@

Personal Information

· Ethnicity Information  Optional

ARE YOU HISPANIC OR LATINO?  ○ YES  ○ NO

ARE YOU: Please check any that apply.

☐ AMERICAN INDIAN OR ALASKA NATIVE  ☐ ASIAN  ☐ BLACK OR AFRICAN-AMERICAN  ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER

☐ CAPE VERDEAN  ☐ WHITE

· Military Information  ARE YOU PRESENT OR FORMER MILITARY PERSONNEL?  ○ YES  ○ NO

· Academic Information  PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:

☐ A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE).  ☐ A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).

☐ AN NSCC GRADUATE SEEKING READMISSION.  ☐ A PREVIOUS NSCC STUDENT (NON-GRADUATE). WERE YOU IN A DEGREE PROGRAM?  ○ YES  ○ NO

· Residency Information

☐ U.S. CITIZEN  ☐ PERMANENT RESIDENT CARD (GREEN CARD)

If yes, enter Alien Registration number.  If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC?  ○ YES  ○ NO

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.
Educational Objectives

Choose A or B:

A. ☐ I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM. Please refer to NSCC Degree & Certificate Programs List.
   
   **FIRST CHOICE:**
   
   Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.
   
   **SECOND CHOICE:**
   
B. ☐ I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME.
   
   I understand I am not eligible for financial aid unless I choose a program of study.

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.
   
   ☐ I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE
   
   ☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER

   OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.
   
   ☐ I AM TAKING ONE OR MORE COURSES TO TRANSFER.
   
   ☐ I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.
   
   ☐ I AM TAKING COURSES FOR PERSONAL GROWTH.
   
   ☐ I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

1) HIGH SCHOOL EDUCATION ☐ HIGH SCHOOL GRADUATE ☐ GED/HISSET RECIPIENT ☐ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF HIGH SCHOOL OR GED TEST CENTER</th>
<th>CITY</th>
<th>STATE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES NO WILL YOU HAVE RECEIVED A BACHELOR’S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES NO IS ENGLISH YOUR PRIMARY LANGUAGE?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) COLLEGE EDUCATION ☐ COLLEGE GRADUATE ☐ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
<tr>
<td>NAME OF COLLEGE</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</table>

Signature Required

X

Signature of Applicant
I certify that all above information is true.

X

Signature of Parent
If applicant is under 18 years of age.
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

ENTER SOCIAL SECURITY #

Optional, but required if seeking financial aid or tax credit.

STUDENT ID NUMBER

Are you a U.S. Citizen?  ○ Yes  ○ No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT?  ○ YES  ○ NO  IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

I have been a Massachusetts resident for six continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

Valid Driver’s License  Valid Car Registration  Mass. High School Diploma  Record of Parents’ Residency for Unemancipated Person*

Utility Bills*  Voter Registration*  Signed Lease or Rent Receipt*  Employment Pay Stub*  State/Federal Tax Returns*  Military Home of Record*  Other

I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant’s eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date

5/14
Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

- **Financial Aid**
  Please select the option below that best describes your plans to complete a FAFSA. **This information will have no impact on whether you are admitted to the college.**
  - I plan to apply for federal, state and institutional financial aid, and am applying as a degree seeking student. I am prepared to complete the FAFSA at www.fafsa.ed.gov.
  - I plan to apply for federal, state and institutional financial aid, but I need help from the Financial Aid Office to complete the FAFSA.
  - I do not plan to apply for federal, state or institutional financial aid at this time.

- **Career Exploration**
  Explore your career path through guided and self-directed Career Exploration and Advising.

- **Mass Transfer Program & Transfer Agreements**
  Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC’s Student Support & Advising Center (978-762-4036, 781-477-2132).

- **Honors Program**
  An opportunity for academic challenge, social networking, and enhanced transfer opportunities.

- **Presidential Scholars**
  A scholarship opportunity for eligible incoming high school graduates which includes leadership development.

- **ESL Classes**
  I am interested in learning English as a second language.

*Or, one of NSCC’s supportive learning communities:*

- **Bridges to the Stars**
  A bridge program, based at the Lynn campus, offering support and scholarship assistance for women and minority first-year college students interested in science, technology, engineering or math (STEM) programs.

- **SAILL Program (Student Achievement in Life & Learning)**
  A first-year program on the Lynn campus designed for promising men and women who have overcome challenges and are seeking success through higher education.

- **TRiO/Student Support Services**
  An academic support and leadership development program for students who meet federal eligibility requirements.

- **Women in Transition**
  Based at the Danvers campus, WIT is a strength-based supportive learning community of mature students, which is dedicated to easing the transitions to college, career, and life changing possibilities.
Technical Standards for the Surgical Technology Program

**General Job Description:**  As a valuable team member in the Operating Room, the Surgical Technologist utilizes the principles of aseptic technique and knowledge of surgical procedures to provide optimum sterile and safe practices for the surgical patient; stays current in the knowledge of all equipment and supplies used for a surgical procedure; works closely with the surgeon during a surgical procedure; maintains safe practice in handling blood, body fluids and collecting specimens; uses problem solving to identify and correct breaks in sterile technique during a surgical procedure; demonstrates appropriate interpersonal skills to work productively with patients, families, staff, and co-workers; accepts directives; maintains confidentiality; does not discriminate and upholds the ethical standards of the profession.

**PHYSICAL STANDARDS**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT</td>
<td>up to 50 pounds to assist moving patients</td>
<td>C</td>
</tr>
<tr>
<td>STOOP</td>
<td>to adjust equipment</td>
<td>O</td>
</tr>
<tr>
<td>KNEEL</td>
<td>to perform CPR</td>
<td>O</td>
</tr>
<tr>
<td>CROUCH</td>
<td>to pick up stools and equipment</td>
<td>O</td>
</tr>
<tr>
<td>REACH</td>
<td>5½' above the floor to attach plugs and suction</td>
<td>O</td>
</tr>
<tr>
<td>HANDLE</td>
<td>small and large equipment for storing, retrieving, moving.</td>
<td>C</td>
</tr>
<tr>
<td>GRASP</td>
<td>syringes, instruments &amp; sterile supplies.</td>
<td>C</td>
</tr>
<tr>
<td>STAND/SIT</td>
<td>in a fixed position for prolonged periods for surgical procedures; Able to refrain from nourishment or restroom breaks for periods up to 6 hours</td>
<td>C</td>
</tr>
<tr>
<td>FEEL</td>
<td>temperature of irrigating solutions</td>
<td>C</td>
</tr>
<tr>
<td>PUSH/PULL</td>
<td>video equipment, microscopes, case carts</td>
<td>C</td>
</tr>
<tr>
<td>WALK</td>
<td>to retrieve supplies, and different areas of the hospital without assistive devices</td>
<td>C</td>
</tr>
<tr>
<td>MANIPULATE</td>
<td>knobs, dials associated with surgical equipment.</td>
<td>C</td>
</tr>
<tr>
<td>ASSEMBLE/DISASSEMBLE</td>
<td>Instruments and technical devices</td>
<td>O</td>
</tr>
<tr>
<td>HEAR</td>
<td>and understand muffled communication and alarms without visualization of mouth/lips within ten feet in distance</td>
<td>C</td>
</tr>
<tr>
<td>VISION</td>
<td>Demonstrate ability to load a fine suture onto needle holder with/without corrective lenses and while wearing safety glasses</td>
<td>C</td>
</tr>
<tr>
<td>COMPREHEND</td>
<td>oral and written language including health care information in order to communicate with surgeons and staff</td>
<td>C</td>
</tr>
<tr>
<td>PHYSICAL STANDARDS</td>
<td>Freq*</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>LIFT: up to 50 pounds to assist moving patients</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>TALK: to communicate in fluent English with surgeons</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>and staff to assure patient safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>READ: typed, handwritten, computer information in</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRITE: to communicate in English pertinent</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>information about equipment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MENTAL/ATTITUDINAL STANDARDS</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td>C</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks</td>
<td>C</td>
</tr>
<tr>
<td>simultaneously.</td>
<td></td>
</tr>
<tr>
<td>Prioritize multiple tasks.</td>
<td>C</td>
</tr>
<tr>
<td>Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, discretion.</td>
<td>C</td>
</tr>
<tr>
<td>Utilize critical thinking and sound judgment</td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical</td>
<td>C</td>
</tr>
<tr>
<td>standards of the profession.</td>
<td></td>
</tr>
<tr>
<td>Is punctual and reports to work as scheduled</td>
<td>C</td>
</tr>
<tr>
<td>Display appropriate interpersonal skills to interact</td>
<td>C</td>
</tr>
<tr>
<td>with surgeons, staff and patients</td>
<td></td>
</tr>
<tr>
<td>Remain alert to surroundings and potential emergencies</td>
<td>C</td>
</tr>
<tr>
<td>Prioritize and perform multiple and concurrent</td>
<td>C</td>
</tr>
<tr>
<td>repetitive tasks</td>
<td></td>
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<tr>
<td>Integrate information and make decisions based on</td>
<td>C</td>
</tr>
<tr>
<td>aseptic technique and the standards that are consistent with the profession</td>
<td></td>
</tr>
<tr>
<td>Be conscientious, orderly and emotionally stable to</td>
<td>C</td>
</tr>
<tr>
<td>respond to the demands of the operating room</td>
<td></td>
</tr>
<tr>
<td>environment</td>
<td></td>
</tr>
<tr>
<td>Apply a rational approach to solve practical problems</td>
<td>C</td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

*Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). For those applicants offered admission, you will be asked to self certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 5, 2016.
This questionnaire is NOT an application for admission. Instructions, page one: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: ___________________________________________ Student ID #: ________________________________

Address: ____________________________________________________________________________

Day Time Phone: (___) ___________________________ Evening Phone: (___) ___________________________

Cell Phone: (___) ___________________________ Email: ____________________________ @ ____________

Are you applying to transfer Surgical Technology credits from another program of study? Yes ☐ No ☐

Please PRINT all answers (or attach a word processed resume):

<table>
<thead>
<tr>
<th align="left">Your current job:</th>
<th align="left">Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">Dates:</td>
<td align="left"></td>
</tr>
<tr>
<td align="left">Duties and Responsibilities:</td>
<td align="left"></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td>Duties and Responsibilities:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td>Duties and Responsibilities:</td>
<td></td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
*You may also attach any letters of reference to this page.*
SURGICAL TECHNOLOGY PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2016 (Continued)

Instructions page 2: Please answer all following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. Why have you decided to apply to the Surgical Technology Program?
   
   Please explain what you know about the profession of Surgical Technology and NSCC’s Surgical Technology Program. How did you learn this information (i.e. what sources did you research that lead you to choosing this profession)?

2. Describe how your life experiences have enhanced your knowledge of yourself and the Surgical Technology Profession?
   
   Describe how your life/work experiences and extracurricular, and/or volunteer activities contributed to choosing this profession.

3. How do you plan to manage your academic commitments and your other life responsibilities while enrolled in the program?
MANDATORY INFORMATION SESSIONS FOR APPLICANTS TO THE SURGICAL TECHNOLOGY PROGRAM

Applicants to the Surgical Technology Program must attend an information session. Please come to learn more about the admissions process and the program. Ask your questions. This information should enable you to make a more informed decision about the Surgical Technology Program.

All Mandatory Information Sessions will be held at the Danvers Campus
Health Professions and Student Services Building
Room 226 on Wednesdays @ 2:00pm

SPRING 2016 SCHEDULE

January 13, 2016
February 10, 2016
March 23, 2016

Last Update 12/10/15