

**MCC- Penn Valley Surgical Technology Program
Application**

Send Completed Application to: **Courtney Ashbee, Program Coordinator**
 Surgical Technology Program
 Health Science Institute - Penn Valley Community College
 3444 Broadway
 Kansas City, MO 64114

Final Deadline: February 15th, 2027

Please indicate which program year applying:	2027	2028	2029
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Last Name:	First Name:	Middle Initial:
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MCC Student ID #:

Permanent Address:

Home Phone:	Cell Phone:
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E-Mail Address:

Name of Person to be Notified in Case of Emergency:

Name:	Phone:	Relationship:
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Academic Record:

High School: Address, Dates Attended, and Graduation Date or Date of GED

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Colleges Attended:

Beginning with the most recent, list all colleges you have attended. Request that official transcripts be sent to: Surgical Technology Program, 3444 Broadway, Kansas City, MO 64111.

NOTE: Even if you took classes within the Metropolitan Community College system, you must send transcripts of all college work to the Student Data Center as part of your application.

College	City/State	Dates Attended	Degree Received

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Work Experience: (note any experience in the health care field. Include dates of your employment and indicate whether the work was full-time or part-time.)

Volunteer Experience: Please note any volunteer experience you have in the health care field. Identify the nature of the volunteer experience as well as the dates and total hours of the experience.

How did you hear about our program?

Print Name:	Signature/Date of Applicant:
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FOR MCC USE ONLY:

- Date Application Received: _____
- Official Transcripts: _____
- Reference Questionnaires: #1 _____ #2 _____
- Informed Consent Page: _____
- Consent Drug Screening Policy: _____
- Surgery Observation (Essay): _____

Signature of Program Representative: _____ **Date:** _____