

**Surgical Technology Program Application**

Send Completed Application to: **Roger V. Massey, Program Director**  
Surgical Technology Program  
Health Science Institute - Penn Valley Community College  
3444 Broadway  
Kansas City, MO 64114

**Final Deadline: February 15<sup>th</sup>, 2017**

(Ms/Mr) \_\_\_\_\_  
Last First MI

Name(s) that will appear on previous educational records if different from above:

(Ms/Mr) \_\_\_\_\_  
Last First MI

MCC Student ID #: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
Street Address City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of person to be notified in case of emergency

\_\_\_\_\_  
Phone: \_\_\_\_\_

(Relationship) \_\_\_\_\_

**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 Surgical Technology Program 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.)

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**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.

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**How did you hear about our program?**

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**Print Name:**

**Signature and Date of Applicant**

**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:** \_\_\_\_\_

**Curriculum Checklist**

| Student Name: _____   |            |  | Hours:                     | Grade:         | Hours Earned: | Grade Points: |
|---|------------|--|----------------------------|----------------|---------------|---------------|
| <b>Program Perquisites</b>  |            |  |                            |                |               |               |
| <b>ENGL</b>   | <b>101</b> | Composition & Reading I                                | <b>3.0</b>                 |                |               |               |
| <b>CHEM</b>   | <b>105</b> | Introductory Chemistry for Health Sciences             | <b>5.0</b>                 |                |               |               |
| <b>COLL</b>   | <b>100</b> | * First Year Seminar (or <b>HLSC 100</b> )             | <b>1.0 – 2.0</b>           |                |               |               |
| <b>BIOL</b>   | <b>109</b> | Anatomy and Physiology (or <b>BIOL 110 &amp; 210</b> ) | <b>4.0</b>                 |                |               |               |
| <b>BIOL</b>   | <b>208</b> | Microbiology   | <b>5.0</b>                 |                |               |               |
| Any biological or physical sciences course. ( <b>BIOL, CHEM, GEOL, PHYS</b> ) |            |  | <b>4.0 – 6.0</b>           |                |               |               |
|   |            |  | <b>Total:</b>              | <b>22 – 25</b> |               |               |
| <b>Summer Semester</b>  |            |  |                            |                |               |               |
| <b>SURT</b>   | <b>100</b> | **Introduction to Surgical Technology (open enroll)    | <b>2.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>103</b> | ***Central Services (open enroll)                      | <b>4.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>105</b> | Care of the Surgical Patient                           | <b>3.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>109</b> | Pharmacology for the Surgical Technologist             | <b>2.0</b>                 |                |               |               |
|   |            |  | <b>Total:</b>              | <b>11</b>      |               |               |
| <b>Fall Semester</b>  |            |  |                            |                |               |               |
| <b>SURT</b>   | <b>120</b> | Fundamentals of Surgical Technology I                  | <b>5.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>121</b> | Fundamentals of Surgical Technology II                 | <b>5.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>130</b> | Surgical Procedures I                                  | <b>5.0</b>                 |                |               |               |
|   |            | ****American Institutions                              | <b>3.0</b>                 |                |               |               |
|   |            |  | <b>Total:</b>              | <b>18</b>      |               |               |
| <b>Spring Semester</b>  |            |  |                            |                |               |               |
| <b>SURT</b>   | <b>131</b> | Surgical Procedures II                                 | <b>5.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>140</b> | Clinical Experience                                    | <b>6.0</b>                 |                |               |               |
| <b>SURT</b>   | <b>150</b> | Surgical Procedures Capstone                           | <b>2.0</b>                 |                |               |               |
| <b>COMM</b>   | <b>100</b> | Fundamentals of Speech (or <b>COMM 102</b> )           | <b>3.0</b>                 |                |               |               |
|   |            |  | <b>Total:</b>              | <b>16</b>      |               |               |
|   |            |  | <b>Total Credit Hours:</b> | <b>65-71</b>   |               |               |

General education courses can be sequenced in any manner, however, should be completed prior to the summer semester.

\* **COLL 100** is only required if student has less than 12 college credits already earned.

\*\* Recommend **SURT 100** be taken prior to acceptance into the SURT Program.

\*\*\* **SURT 103** course is also open enrollment to students seeking a certificate in Central Services.

\*\*\*\* A history course to fulfill Missouri requirement is also required to be taken before graduation. See program information booklet for more details.

**Surgery Observation Record**

Dear Director of Surgical Services:

As part of the application process at Metropolitan Community College, prospective surgical technology candidates are required to spend **2** hours in a surgical setting to observe a surgical procedure. The student is to complete this form and submit to the Surgical Technology Coordinator at MCC-Health Science Institute.

Thank you for your assistance and time in allowing the student to make an informed decision regarding surgical technology as a career.

Respectfully,

*Roger V. Massey*

Roger Massey, CST  
Director, Surgical Technology  
Surgical Technology Program  
Health Science Institute, 410L  
816-604-4664  
[Roger.Massey@mccck.edu](mailto:Roger.Massey@mccck.edu)

\_\_\_\_\_  
Prospective ST Candidate's Name:

\_\_\_\_\_  
Facility where observation was completed

\_\_\_\_\_  
Surgical Staff Signature/Title/Date

\_\_\_\_\_  
Surgical Staff Print/Title/Date

\_\_\_\_\_  
Prospective ST Candidate Signature/Date

\_\_\_\_\_  
Prospective ST Candidate Print/Date

\_\_\_\_\_  
Program Faculty Signature/Date

\_\_\_\_\_  
Program Faculty Print/Date

**Reference Questionnaire**

This form is to be completed by a Work Supervisor who has knowledge of the applicant's integrity, dedication and communication skills.

Applicant: \_\_\_\_\_  
*Last*
*First*
*MI*

**To the evaluator:** The above individual is applying for admission to the Surgical Technology Program at MCC-Penn Valley. **Once you have completed this reference questionnaire, seal the envelope and sign over the seal.** Mail to: MCC-Penn Valley, Surgical Technology Program, Health Science Institute, 410L, 3444 Broadway, Kansas City, MO 64111

Please rate the applicant on the following: (If unable to assess, please leave blank.)

**1 IS THE LOWEST, 10 IS THE HIGHEST**

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|
| Communicate effectively                                     |   |   |   |   |   |   |   |   |   |    |
| Interacts effectively with co-workers                       |   |   |   |   |   |   |   |   |   |    |
| Interacts effectively with clients                          |   |   |   |   |   |   |   |   |   |    |
| Demonstrates initiative & self-discipline                   |   |   |   |   |   |   |   |   |   |    |
| Utilizes constructive criticism                             |   |   |   |   |   |   |   |   |   |    |
| Demonstrates appropriate self-confidence                    |   |   |   |   |   |   |   |   |   |    |
| Demonstrates non-judgmental behavior toward others          |   |   |   |   |   |   |   |   |   |    |
| Demonstrates flexibility for unexpected events              |   |   |   |   |   |   |   |   |   |    |
| Shows consideration for others                              |   |   |   |   |   |   |   |   |   |    |
| Follows instructions well                                   |   |   |   |   |   |   |   |   |   |    |
| Is punctual   |   |   |   |   |   |   |   |   |   |    |
| Demonstrates good time management skills                    |   |   |   |   |   |   |   |   |   |    |
| Appears well-groomed & dress appropriately                  |   |   |   |   |   |   |   |   |   |    |
| Demonstrates ability to evaluate own strengths & weaknesses |   |   |   |   |   |   |   |   |   |    |
| Exhibits good judgment                                      |   |   |   |   |   |   |   |   |   |    |
| Exhibits tact   |   |   |   |   |   |   |   |   |   |    |
| Handles stressful situations                                |   |   |   |   |   |   |   |   |   |    |
| Behaves ethically   |   |   |   |   |   |   |   |   |   |    |
| Attends regularly   |   |   |   |   |   |   |   |   |   |    |

\_\_\_\_\_  
**Relationship to Applicant Name**

\_\_\_\_\_  
**Date:**

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*Last*
*First*
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**1 IS THE LOWEST, 10 IS THE HIGHEST**

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|
| Communicate effectively                                     |   |   |   |   |   |   |   |   |   |    |
| Interacts effectively with co-workers                       |   |   |   |   |   |   |   |   |   |    |
| Interacts effectively with clients                          |   |   |   |   |   |   |   |   |   |    |
| Demonstrates initiative & self-discipline                   |   |   |   |   |   |   |   |   |   |    |
| Utilizes constructive criticism                             |   |   |   |   |   |   |   |   |   |    |
| Demonstrates appropriate self-confidence                    |   |   |   |   |   |   |   |   |   |    |
| Demonstrates non-judgmental behavior toward others          |   |   |   |   |   |   |   |   |   |    |
| Demonstrates flexibility for unexpected events              |   |   |   |   |   |   |   |   |   |    |
| Shows consideration for others                              |   |   |   |   |   |   |   |   |   |    |
| Follows instructions well                                   |   |   |   |   |   |   |   |   |   |    |
| Is punctual   |   |   |   |   |   |   |   |   |   |    |
| Demonstrates good time management skills                    |   |   |   |   |   |   |   |   |   |    |
| Appears well-groomed & dress appropriately                  |   |   |   |   |   |   |   |   |   |    |
| Demonstrates ability to evaluate own strengths & weaknesses |   |   |   |   |   |   |   |   |   |    |
| Exhibits good judgment                                      |   |   |   |   |   |   |   |   |   |    |
| Exhibits tact   |   |   |   |   |   |   |   |   |   |    |
| Handles stressful situations                                |   |   |   |   |   |   |   |   |   |    |
| Behaves ethically   |   |   |   |   |   |   |   |   |   |    |
| Attends regularly   |   |   |   |   |   |   |   |   |   |    |

\_\_\_\_\_  
**Relationship to Applicant Name**

\_\_\_\_\_  
**Date:**

**Informed Consent Page**

**Prospective Student Information Packet:**

I have read the Program Information Booklet

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Use of Application and Transcript Information:**

I understand that information provided in the program application and college transcripts will be utilized for purposes of determining eligibility to the program and for academic advising and counseling by program faculty. Information contained within the application will be provided to academic counselors/advisers for purposes of advisement and counseling.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Program Admission:**

I understand that the program capacity is limited and therefore, the application process is competitive. As such, if the number of applicants exceeds the number of positions in the program, the best qualified applicants will be determined based on: Academic performance, including but not limited to: calculated grade point average of any course taken towards the degree, grades in Intro to ST and/or biology courses, history of repeated coursework and dropped courses, degree attainment, and demonstrated ability to handle a full academic load, volunteer or work experience related to health care, written paperwork, references and interview

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Program Policies:**

1. The program is time consuming and it would be difficult for an individual to work more than 24 hours/week after the first academic semester.
2. The program requires a commitment to attendance and study time that is more rigorous generally than many other courses of study.
3. The program has a set of policies that includes the following:
  - a. Students must receive a minimum grade of 75% or greater in each surgical technology course in order to successfully pass the course. If a student fails to achieve a 75% in a surgical technology course than they would not be permitted to participate in subsequent sequence of surgical technology courses. That student would need to reapply to the surgical technology program.
  - b. Students must demonstrate minimum competency on certain skills to pass a course.
  - c. The program has attendance policies that include point deductions for tardiness and absences
  - d. Students must adhere to clinical guidelines of affiliated health care institutions that will require students to undergo criminal background checks. Individuals with felony convictions or class A misdemeanors may be unable to complete clinical rotations or obtain employment in certain health care settings. For more information on criminal background checks see the Prospective Student Packet.
  - e. Students may be required to undergo a drug screen when participating in clinical rotations and may be dismissed from a clinical as a result of a positive drug screen.
  - f. Students may be exposed to blood and body fluids on clinical rotations, however, the risk should be minimal if standard precautions are observed.
  - g. Students will be required to show proof of current vaccination and/or titer results, and undergo a physical examination prior to clinical rotations. Students may be required to undergo certain vaccinations in order to advance to the clinical portion of the program because of current hospital policy.

I have read and agree to abide by the policies of the Surgical Technology Program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**MCC - Drug-Free Workplace, Campus and Community  
Drug Screen Policy**

**MCC – Penn Valley** is committed to maintaining high standards in all programs including allied health and nursing education and practice. Safe practice includes efficient, reliable, and unimpaired student performance at all times including in the classroom and in a clinical setting. Being under the influence of drugs or alcohol poses serious safety and health risks not only to the user but also to all persons who come in contact with the user. Students are required to perform all education related activities in appropriate mental and physical condition

**MCC-PV** has adopted the Federal Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act Amendments of 1989. The policy is one of zero tolerance. Together with the college’s Drug-Free policy, the Code of Student Conduct imposes prohibited conduct and possible disciplinary action. If in violation of these policies, students subject themselves to disciplinary actions up to and including suspension or expulsion from the college and its programs.

Clinical facilities are committed to providing a safe environment in order to protect its patients, residents, employees and visitors; to provide the highest level of service; and to minimize the potential for accidents and injuries. Therefore, many of the clinical contracts between **MCC – PV** and hospitals, clinics, and other facilities have a component requiring drug screening for allied health and/or nursing students. The clinical site might require that an **MCC – PV** allied health and/or nursing student complete and pass a drug screen prior to being admitted into the facility as a student. Additionally, some clinical facilities require random drug testing during the duration of a clinical rotation. Refusal to submit to a drug screen or testing positive can make a student ineligible to participate in clinical training.

The cost for a drug screen may be covered by the clinical facility. If not, the student is responsible for the cost.

I understand the policy as outlined above and agree to abide by this policy.

\_\_\_\_\_  
**Student’s Name:**

\_\_\_\_\_  
**Date:**