



**LARAMIE COUNTY COMMUNITY COLLEGE
SURGICAL TECHNOLOGY PROGRAM
ADMISSION INFORMATION AND PROCESS**

We are pleased with your interest in our Surgical Technology program and hope that you will find Surgical Technology a rewarding career.

The Surgical Technology program at Laramie County Community College is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Accreditation means that program graduates are eligible to take the national certifying exam administered by the National Board for Surgical Technology and Surgical Assisting (NBSTSA).

Please note that it is the applicant's responsibility to complete all required application documents. Failure to provide all required information by the application deadline may cause the applicant to be ineligible for consideration.

This information is available online or by hard copy in program office:
www.lccc.wy.edu/programs/surgicalTechnology/apply.aspx

To apply for admission to the Surgical Technology program, please complete the Surgical Technology program application form. The program has a rolling admission policy. **Please apply once you have begun the last semester of your prerequisite classes. This will allow for conditional acceptance into the next program year.** Please provide current grades of all courses in progress. Applications will be accepted as long as spaces are available. We will stop accepting applications for the **2019-20 program on August 9, 2019.**

Prerequisite courses must be completed prior to the start of the program.

Part 1. Academic Preparation

Completion of, or substantial progress in completing, all required prerequisites as outlined in the program application, the program web site, and the college catalog corresponding to the year in which the student hopes to enter. All courses must be completed with a grade of "C" or better by **August 2, 2019.**

Students who have completed the prerequisite courses at a college other than LCCC must complete the LCCC admissions process so that transcripts can be accepted and evaluated. NOTE: Student copies of these transcripts must be attached and submitted with the Surgical Technology Application.

Part 2. References

Obtain two completed Reference Forms (attached); one from a former employer/supervisor and one from an instructor. These are to be returned to the Program Director **under separate cover by the individual completing the form.**

Part 3. Complete the application questions and submit with application.

Part 4. Review and sign the Requirements of the Profession of Surgical Technology form and the addendum to admission application and submit with application.

SELECTION OF STUDENTS

All completed applications will be reviewed by the Surgical Technology Program admissions committee. Selection will be based on the following criteria:

- a. Required prerequisite courses completed or in progress
- b. Cumulative grade point average
- c. Responses to application questions
- d. References
- e. Interview with the Surgical Technology interview team

Should any students receive identical scores; the date of receipt of the applications will be considered in assigning priority. Final selection will be made and the students will be notified. An alternate list will be made to fill any cancellations.

Our program does not have a waiting list; therefore, students not selected for admission into the Surgical Technology Program must initiate the admission process the following year before being reconsidered. All students' applications not selected will be kept for one year after the deadline and will then be destroyed.

Successful applicants who have completed the admission process will be notified of their selection for conditional acceptance. NOTE: As applications for financial aid are due prior to the application period, it is suggested that all applicants eligible for aid apply as soon as possible, rather than waiting until notification of acceptance.

After conditional acceptance is granted, students accepting the appointment will be required to provide necessary documentation to complete the admissions program process. The acceptance letter will contain a list of items and due dates.

NOTE: All allied health students are required to submit a pre-clinical urine drug screen according to the policy of the Allied Health Programs at LCCC. The drug screen is completed at the student's expense and must be paid for at the time of application via the American Data Bank website.

At their discretion, clinical sites may also require a drug screening and/or a criminal background check prior to allowing students into the clinical setting. (If required, any associated fees will be the responsibility of the student.) In addition, LCCC and the clinical sites may require random drug testing and/or drug testing for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs, or drugs that impair judgment while in the clinical agency. Testing positive on the screening, or evidence of tampering with a specimen, will disqualify a student from participation from the clinical assignment.

In addition to drug screening, for the safety of patients and health care workers, allied health students must also undergo a background check performed by American Data Bank at the student's expense. Your acceptance into an allied health program at LCCC will not be final until LCCC has received background check information from the reporting agencies, and the background check is clear of disqualifying offenses. For more information, please see the complete Health Sciences and Wellness Division Policies for Allied Health Students posted on the Division website. Certain criminal activities, as evidenced by a criminal background check may also disqualify a student from clinical participation.

Applicants may want to begin the immunization process.

Hepatitis B Process: Receive the first Hepatitis B injection. One month later, receive the second Hepatitis B injection. Five months later, receive the third Hepatitis B injection.

Rubella/Rubeola/Mumps Process: Verify two doses of the MMR vaccine or have the titers drawn. If immunity isn't indicated by the titers, then students must either start the two-dose series or have a booster and another MMR titer drawn in six weeks.

Varicella Process: Verify two doses of the varicella vaccine or have the titer drawn to verify immunity. Having had the Chicken Pox disease, doesn't mean students have immunity.

PPD: All students are required to obtain a two-step TB (PPD) skin test and update it annually.

Other: A current tetanus booster (within 10 years), Basic Life Support for Health Care Providers and an annual flu shot

Note: If students have had two titers drawn for these immunizations and they are still not immune, then students are exempt from any further attempts to become immune. Students should keep all copies of their immunizations for their records. Any student found out of compliance with these responsibilities will be sent home from clinical and may be dismissed from the program.

Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent progression through the program, and ultimately result in dismissal from the program.

In keeping with the program's due process policies, if a student disagrees with the accuracy of the information obtained, s/he may request a confirmatory test and/or a review of the accuracy of the background information within ten (10) working days. All requests must be made in writing to the Dean, Health Science and Wellness, and must include relevant information and/or extenuating circumstances supporting the request. A designated committee will review the results and the request, and will be responsible for making the final decision regarding the student's request. The student will be notified in writing of the committee's decision within ten (10) working days.

Tracking forms for these items will be mailed to accepted students and alternates. A completed packet of items must be submitted prior to August 6, 2018, to reserve a position in the class. Students are considered conditionally accepted until all requirements have been met. Conditionally accepted students who fail to meet the deadline will be placed on the alternate list and the first alternate student who has met the requirements will earn a reserved position in the class.

PROGRESSION

To progress in the Surgical Technology Program, the student must:

1. Maintain a minimum grade of "C" in each required Surgical Technology and support courses. A support course is any course that does not contain the SURG prefix. A cumulative GPA of 2.0 or above is required prior to and after acceptance into the program.
2. Take surgical technology courses in sequence.

ESTIMATED EXPENSES

See college catalog for general college expenses. Additional estimated expenses for the Surgical Technology program are:

Program fees	varies from \$200-\$375/semester
Immunizations.....	\$150
Books	\$700
Subscription for clinical case tracking.....	\$100
Lab coat, scrubs, and shoes.....	\$150
Background checks and drug screening.....	\$184
AST student membership fee.....	\$ 45

Important note: The student is expected to provide their own transportation to class and to the assigned clinical education sites, some of which may be a significant distance from campus and **may require overnight stays** due to weather or distance.

STUDENT SERVICES

See college catalog for information.

STUDENT EMPLOYMENT

Many students in the program may have part-time or full-time employment. The Surgical Technology faculty wants the students to be successful in the program. To assure that learning is not compromised, the program courses are offered in a hybrid format, with lab courses being held one day per week. Students will need to be on campus for lab courses. Students will not be excused from class or clinical assignments for personal work schedules.

QUESTIONS

If you have any questions about the Surgical Technology Program or the admission process which are not answered here, please contact:

Connie Czarnecki, MBA, BBA, CST/CSFA, RSA
Surgical Technology Program Director
Health Sciences and Wellness Division
Phone: 307.778.1155 • Fax: 307.778.1395

Or visit our Website at: www.lccc.wy.edu/programs/surgicaltechnology

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The College has a designated person to monitor compliance and to answer any questions regarding the college's non-discrimination policies. Please contact: Title IX and ADA Coordinator, Room 117, Student Services Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA@lccc.wy.edu.



**LARAMIE COUNTY COMMUNITY COLLEGE
SURGICAL TECHNOLOGY PROGRAM**

Application Form
(Print or Type)

Name _____ Today's Date _____

Address _____ Phone: Home _____

City, State, Zip _____ Cell _____

Email _____

NOTE: Please advise the Surgical Technology Program Director if there is a change in any of the information above, so that we may contact you if additional information is required.

Part 1. Academic Preparation: Please indicate your progress

Prerequisite Courses	Credits	Semester completed	Grade	If not completed In progress*	Institution if other than LCCC
HLTK 1200 Medical Terminology	2				
ZOO 2010 Anatomy & Physiology I or ZOO 2015 Human Anatomy	4				
ZOO 2020 Anatomy & Physiology II or ZOO 2025 Human Physiology	4				
ENGL 1010 English Composition	3				
POLS 1000 American and Wyoming Govt. -OR- choose one of the following:	3				
<i>HIST 1211 – U. S. to 1865</i>	3				
<i>HIST 1221 – U. S. from 1865</i>	3				
<i>HIST 1251 – Wyoming History</i>	3				
<i>ECON 1200 – Economics, Law, & Govt</i>	3				
MATH 1010 Problem Solving	3				
CO/M 2010, 1015, or 1030 Communication	3				
MICR 2240 Medical Microbiology	4				
HLTK 2510 Pathophysiology	2				
**HLTK 2300 Health Care Ethics	3				

***NOTE:** Please provide a signed and dated statement from your instructor of your current grade for all courses marked "in progress" by the application deadline.

****HLTK2300 is not a prerequisite.** However, it is highly recommended that this course be taken prior to entering the program.

Official Transcripts: Attached _____ Forwarded to LCCC. Date _____.

Please list all applicable institutions: _____

Part 2. Obtain 2 completed reference forms (attached) to be mailed directly to the Program Director at the address given at the end of the application. Please list the names of the applicable individuals here:

1. _____ 2. _____

Part 3. Compete the application questions and submit with application.

Part 4. Review and sign the Requirements of the Profession of Surgical Technology form and the addendum to admission application and submit with application.



LARAMIE COUNTY COMMUNITY COLLEGE
 1400 E. COLLEGE DRIVE • CHEYENNE WYOMING 82007
 SURGICAL TECHNOLOGY PROGRAM

REFERENCE FORM

To Be Completed By Applicant

Name:	Application for Fall:
Address:	Phone (Home):
	(Cell):

To Be Completed by Individual Serving as a Reference:

The applicant named above is applying for acceptance into the Surgical Technology Program at Laramie County Community College. As part of the application process, each applicant must have 2 reference forms completed and returned to the Program Director **as soon as possible, after receipt**. Selection is on a competitive basis, so your input is very valuable to us.

Please rate the applicant in the categories below, answering as honestly as possible in order to allow us to select the best candidates for our program. All answers are kept strictly confidential, and are shared only with the Surgical Technology Selection Committee.

After completing the form, please seal the enclosed pre-addressed envelope, and sign over the seal. All reference forms are to be **sent directly to** the Program Director, as indicated on the envelope. If you have any questions, please call Connie Czarnec at 307.778.1155 or email: cczarnec@lccc.wy.edu.

Thank you for your assistance.

Please place an "X" in the column under the rating which best describes the applicant's abilities in each area with 5 being the highest rating, and 1 the lowest.	Lowest				Highest
	1	2	3	4	5
Attendance					
Punctuality					
Professional appearance					
Dependability					
Follows instructions					
Respect for authority					
Initiative					
Follows through					
Learns from mistakes					
Motivation level					
Interpersonal skills					
Team player					
Overall work ethic					
Would you recommend this candidate?					

Please feel free to comment on any of your answers or provide any other additional information on the back of this page which you feel may assist us in our selection.

Signature: _____ Date: _____

Print name: _____ Title: _____

Capacity in which you know/knew the applicant: _____

How long have you known the applicant? _____



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REFERENCE FORM

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	(Cell):

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Thank you for your assistance.

Please place an "X" in the column under the rating which best describes the applicant's abilities in each area with 5 being the highest rating, and 1 the lowest.	Lowest				Highest
	1	2	3	4	5
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns from mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend this candidate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to comment on any of your answers or provide any other additional information on the back of this page which you feel may assist us in our selection.

Signature: _____ Date: _____

Print name: _____ Title: _____

Capacity in which you know/knew the applicant: _____

How long have you known the applicant? _____

5. If you are accepted into the surgical technology program, what professional goals would you like to achieve in the next five years?

6. People who are attracted to allied health professions with direct patient care tend to prefer tasks that group into two general categories. Some people are “high-touch” and enjoy frequent patient interaction; some people are “high-tech” and prefer working with advanced medical technology devices; and some people enjoy a combination of tasks. Please rate your preferences on the following scale:

Tasks	1 Don't like to do these type of tasks	2 Will do these tasks if necessary	3 Prefer to do these types of tasks	4 Enjoy doing these types of tasks
Work with patients/ patient care				
Work with medical devices				

7. How did you find out about the surgical technology program at LCCC?

Signature: _____ Date: _____

Print name: _____

Send completed form to: Surgical Technology Program Director
Laramie County Community College
1400 East College Drive
Cheyenne, WY 82007

Part 4. a. Requirements of the Profession of Surgical Technology

The following is used as a guideline for the prospective student so that he/she may understand the physical requirements and essential job functions necessary for successful completion of the Surgical Technology Program. This list is not intended to be all-inclusive, but rather a detail of the basic demands of the profession of surgical technology.

THE SURGICAL TECHNOLOGIST MUST BE ABLE TO:

1. Stand, bend, stoop, and/or sit for long periods of time in one location with minimal or no breaks.
2. Bend, twist, and lift a minimum of 50 pounds.
3. Function for longer periods of time without a break.
4. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
5. Hear and understand muffled communication without visualization of the communicator's mouth/lips, with significant background noise.
6. Hear activation/warning signals on equipment.
7. Detect odors sufficient to maintain environmental safety and patient needs.
8. Manipulate instruments, supplies, and equipment with speed, dexterity, and exceptional eye-hand coordination.
9. Ambulate/move around without assistive devices.
10. Assist with, and/or lift, move, position, and manipulate, with or without assistive devices, the patient who is unconscious.
11. Communicate and understand fluent English both verbally and in writing.
12. Be free of reportable communicable diseases and chemical abuse.
13. Function without allergic reaction in an environment with substantial latex exposure.
14. Demonstrate immunity to rubella, rubeola, tuberculosis, varicella, hepatitis B, and other diseases as required by the clinical facilities.
15. Possess short- and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills intraoperatively.
16. Demonstrate the use of positive coping skills under stress.
17. Demonstrate calm and effective responses, especially in emergency situations.
18. Exhibit positive interpersonal skills in patient, staff, and faculty interactions.
19. Make appropriate judgment decisions.

If the applicant is unable to perform any of the designated tasks, upon request LCCC will make reasonable accommodations. If these accommodations do not constitute an undue hardship on LCCC and if those accommodations do not interfere with the performance of any essential functions of a surgical technologist's duties.

Applicant

Date

Part 4. b. Addendum to Admission Application

**Laramie County Community College Surgical Technology Program
Advance notice of program policies affecting particular situations**

Please read and initial each item and sign the form to indicate that you have been informed of the following policies prior to acceptance into the Surgical Technology Program.

_____ The program has a no-smoking/no tobacco product use policy prior to and during each clinical rotation day. I agree to refrain from smoking and/or the use of tobacco products prior to and during any clinical observation or clinical assignment while I am a student in the program.

_____ Some of the clinical sites used by the college may have dress codes or policies that do not allow tattoos that can be seen outside of the limits of the short-sleeve scrub clothing, usually called “visible tattoos.” I understand that I may not be able to attend a clinical site if this policy applies.

_____ Facial piercings/jewelry are not allowed in surgery. I agree to remove all facial jewelry for lab classes and all clinical assignments.

_____ Artificial nails are not allowed in surgery. If I have artificial nails, I will have them removed immediately upon conditional acceptance into the Surgical Technology program to enable sufficient time for the nail beds to heal properly prior to the start of the program in August. I understand that if my fingernails have not healed properly, this may prevent my participation in the clinical portion of the program and result in program withdrawal.

_____ I understand that the surgical technology program requires intensive study and learning. I am willing and able to make adjustments to my out- of-school responsibilities (employment, family obligations) as necessary to help ensure my success in this program.

_____ I understand that the surgical technology program utilizes clinical facilities for my education that are not in the immediate Cheyenne area and that my clinical rotations may involve significant travel with potential over-night stays. I understand that the cost of travel is my responsibility.

Applicant signature

Date

Printed name

PRINT