Surgical Technology

Application Package
2010 - 2011

3000 Campus Hill Drive
Livermore, CA  94551
925-424-1354
www.laspositascollege.edu/healthsciences

Revised January 28, 2010
The Surgical Technology program at Las Positas College is a full-time day program commencing each summer term.

*Required Core Program Entrance Courses:
- Biology 31 (Introduction to College Biology)
- Anatomy 1 (General Human Anatomy)
- English 1A (Critical Reading and Composition)
- Mathematics 65 (Elementary Algebra)
- Health 51A (Basic Medical Terminology) or Health 52 (Basic Medical Terminology For Allied Health)

*The required core program entrance courses must be taken prior to enrollment in the Associate in Science Degree Major Surgical Technology or the Surgical Technology Certificate of Achievement.

Certificate of Achievement or Associate in Science Degree
Upon completion of the program, students will earn a 38 unit certificate in surgical technology. Students may receive a 60 unit Associate in Science Degree Major Surgical Technology or the Surgical Technology Certificate of Achievement.

Required Core Program Entrance Courses:
- Anatomy 1 (General Human Anatomy)
- Mathematics 65 (Elementary Algebra)
- Health 51A (Basic Medical Terminology) or Health 52 (Basic Medical Terminology For Allied Health)

*The required core program entrance courses must be taken prior to enrollment in the Associate in Science Degree Major Surgical Technology or the Surgical Technology Certificate of Achievement.

Application Process
Applications are accepted starting February 1st through March 31st. Completed application form and packages must be mailed to the following address:
Las Positas College, Health Sciences Programs Office
3000 Campus Hill Drive, Bldg 2100, Room 2111
Livermore, CA 94551

Contact: For additional information or application questions prior to submission please visit our website at: www.laspositascollege.edu/healthsciences or call the Health Sciences Programs Office at 925-424-1357.

Applicants are admitted to the program from the applicant pool in this order:
- Considered First: Those applicants with completed applications submitted by March 31st that show they have completed all the required courses. Those applicants with the highest GPA will be given priority.
- Considered Next: Those applicants with completed applications submitted by March 31st that show they will successfully complete the required courses by the end of the spring semester. (Final grades must be submitted by June 15th with an official transcript to the Health Sciences Programs Office for the student file).
- Not Accepted: Those applicants whose applications are incomplete, or submitted after March 31st.

Note: If additional applicants who meet entrance requirements apply beyond what the program is able to accept, the last 10% of candidates accepted into the program will be chosen by random selection from the entire pool of remaining qualified applicants.

Acceptance letters will be mailed by the end of April. Approximately 24 applicants will be accepted with Alternates. “Alternate” status applicants are eligible to register for the summer SURG 50 class. Students on “Alternate” status will be eligible to register for the subsequent fall courses if they successfully complete SURG 50 AND space is available through attrition. Students on “Alternate” status must reapply during the application period the next year if no space is available.

To be eligible for the Surgical Technology Program, applicants must be 18 years of age or older and have the following:
- A completed Chabot Las Positas Community College District application if the applicant has not attended Las Positas or Chabot Colleges previously.
- Current and/or Returning students must submit an official Chabot Las Positas College transcript.
- Official transcripts of all required courses; Required courses must be completed with a grade of C or higher; OR if courses have been taken elsewhere, an official transcript from an accredited college attended must be provided.
- Foreign transcripts must be evaluated by a recognized evaluation service firm such as the International Education Research Foundation at http://www.ierv.org to show U.S. equivalency of completion of the college level required courses.
- American Heart Association BLS for Healthcare Providers (CPR & AED) Program certificate; (BLS – Basic Life Support) (CPR – Cardiopulmonary Resuscitation & AED – Automated External Defibrillator) not to expire for year of the program;
- A completed Las Positas College Surgical Technology Program Application Form Due March 31st. Application Package Items Listed Below are due after Acceptance into the Program, and NO LATER than the end of the summer term SURG 50.*

*All items below must be submitted NO LATER than the end of the summer term SURG 50. Failure to do so will result in being dropped from the Program.
- Background/Criminal Check Performed;
- Drug Screening;
- A completed physical examination form;
- TB clearance (2-step TB test, blood draw, or X-ray); and
- Proof of the following immunizations:
  - Tetanus/diphtheria (every 10 years)
  - Mumps – 2 doses or titer
  - Measles (Rubella) – 2 doses or titer
  - German measles (Rubella) – 2 doses or titer
  - Chicken Pox (Varicella zoster) 2 doses or titer
  - Hepatitis B (at least 1 dose of the 3-dose series completed) or titer

The background/criminal check and drug screening is the responsibility of the student. Visit the website at: www.laspositascollege.edu/SURG/ and follow the process.

For Allied Health
For Allied Health
- Providers (CPR & AED) Program certificate;
- American Heart Association BLS for Healthcare Providers (CPR & AED) Program certificate;
- TB clearance (2-step TB test, blood draw, or X-ray); and
- Proof of the following immunizations:
  - Tetanus/diphtheria (every 10 years)
  - Mumps – 2 doses or titer
  - Measles (Rubella) – 2 doses or titer
  - German measles (Rubella) – 2 doses or titer
  - Chicken Pox (Varicella zoster) 2 doses or titer
  - Hepatitis B (at least 1 dose of the 3-dose series completed) or titer
LAS POSITAS COLLEGE – SURGICAL TECHNOLOGY PROGRAM
APPLICATION
CHECKLIST FORM

NAME___________________________________________SOC. SEC. #____________________

LAST                           FIRST                       MIDDLE

ADDRESS______________________________________________________________________

NUMBER AND STREET                         CITY/STATE                           ZIP

PHONE_________________________________EMAIL________________________________________

Application Package Check List:

These Items are due by the March 31st Application Form Deadline:

□ Completed Chabot Las Positas Community College District application. Available on-line at www.laspositascollege.edu/admissions/new_students.php
□ Completed Surgical Technology Application Form.
□ Official transcripts of required courses with passing grade of “C” or better from ALL colleges attended. Foreign transcripts must be evaluated by International Education Research Foundation at www.ierf.org or other recognized evaluation service to show U. S. equivalency of completion of college level required courses.
□ American Heart Association BLS for Healthcare Providers (CPR & AED) Program certificate. CPR Card must not expire during the year you are in the program (BLS –Basic Life Support; CPR & AED- Cardiopulmonary resuscitation & automated external defibrillator)

Application Package Items Listed Below are due after Acceptance into the Program, and NO LATER than the End of the summer term SURG 50. Failure to do so will result in being dropped from the Program:

□ Background/Criminal check performed*.
□ Drug Screening*. (Order on-line and pay fees at www.laspositascollege.edu/SURG/ then call to pick up 10-panel screening form and directions to screening lab(s) 925.424.1357)
□ Proof of TB clearance 2-Step test, blood draw, or a negative chest x-ray form.
□ Completed physical examination form (completed not more than 1 year prior to enrollment into the program).
□ Proof of the following immunizations:
  □ Tetanus/diphtheria (every 10 years)
  □ MMR (measles, mumps, rubella) OR
    □ Mumps – 2 doses or titer
    □ Measles (Rubella) – 2 doses or titer
    □ German measles (Rubella) – 2 doses or titer
  □ Chicken Pox (Varicella zoster) – 2 doses or titer
  □ Hepatitis B (at least 1 dose of the 3-dose series completed) or titer

*The background/criminal check and the drug screening is the responsibility of the student, cost is $87.
Visit our website at: www.laspositascollege.edu/SURG/ and follow the steps to sign up for the background screening.
Background Screening Service provided through Verified Credentials. Once screening order is placed and fees are paid contact the Health Sciences Programs Office at (925) 424-1357 to pick up the 10-panel drug screening form and directions to the screening lab at Bldg 2100, Office 2111.

All Surgical Technology Application packet items are due after Acceptance into the Program, and NO LATER than the end of the summer term SURG 50. Failure to do so will result in being dropped from the Program.

Mail to:
Las Positas College
Health Sciences Programs Office, Bldg 2100, Room 2111
Surgical Technology Application
3000 Campus Hill Drive
Livermore, CA 94551
**Surgical Technology Application Form 2010 - 2011**

Submit application form and materials by mail to:

*Las Positas College – Surgical Technology Application*
*Health Sciences Programs Office, Bldg 2100, Room 2111*
*3000 Campus Hill Drive*
*Livermore, CA 94551*

**Open Application Period:** February 1st to March 31st
**Application Deadline:** March 31, 2010.
**Applicant will be notified of acceptance by letter by April 30, 2010.**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tbody>
<tr>
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</tbody>
</table>

**Social Security Number:**
- -

**Student ID/W#:**

<table>
<thead>
<tr>
<th>No:</th>
<th>Yes:</th>
<th>If yes, state names:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>____________________</td>
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</table>

<table>
<thead>
<tr>
<th>At which institution(s):</th>
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<tbody>
<tr>
<td>____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been registered at this or any other institution under a different name?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**List Colleges you have attended:**
- -

**Email Address:** _________________________________

**Current Home Address:**
- -

City: ___________ State: _________ Zip Code: ___________

**Is this also your mailing address: Yes _____. If No, please indicate your address below:**

City: ___________ State: _________ Zip Code: ___________

**Contact Number** (Please indicate by checking the box below the best contact number)

<table>
<thead>
<tr>
<th>Home:</th>
<th>Cell:</th>
<th>Work:</th>
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<tbody>
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</table>

**Emergency Contact Name:** _______________________
**Relationship:** _______________________

**Emergency Contact Phone Number:** _______________________

Applicants Signature: ________________________________

**FOR OFFICIAL USE ONLY:**

RECEIVED BY: _______________________

Name: _______________________
Date: ___________
Time: ___________

Application Status: ___________

Accept / Decline
Las Positas College Surgical Technology Program Application Packet Forms

Physical Evaluation Form
(To be completed by student’s Physician, Nurse Practitioner, or Physician’s Assistant)

Student’s Name: ____________________________ Date of Birth: ____________________________

Date of this physical examination: _______________________________________________________

Does student currently or in the past had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures or neurological disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye, ear, nose or throat disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes, thyroid or other endocrine disorder(s)</td>
<td></td>
<td></td>
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<tr>
<td>Muscle, bone or joint disorder(s)</td>
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</tr>
<tr>
<td>Asthma or respiratory disorders(s)</td>
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<td></td>
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</tr>
<tr>
<td>Heart or circulation disorder(s)</td>
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<td></td>
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</tr>
<tr>
<td>Skin disorder</td>
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<td></td>
<td></td>
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<tr>
<td>Gastrointestinal disorder(s)</td>
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<td></td>
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<tr>
<td>Genito Urinary disorder(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Psychiatric disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematological disorder(s)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous Hospitalizations or Surgical History (date and reason): ________________________________________________________________

Current Medications: ___________________________________________________________________________________________________

Is student currently pregnant? □ Yes □ No

Allergies: ______________________________________________________________________

Physical Examination This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination. The Essential Functions Required of Surgical Technology Students (page 2) must accompany this form.

Can this student perform the essential motor and sensory functions (attached as page 2 of this form) required of a student in a Surgical Technician Program? □ Yes □ No If no, please explain on reverse side. (See page 2 of form for all essential functions)

Physical Examination:

- Height: ____________________
- Weight: ____________________
- B/P: ____________________
- Pulse: ____________________

Immunizations Record:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Immunization Date or Lab Test Date</th>
<th>Please Attach Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (measles, mumps, rubella)</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td>OR</td>
<td>2. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td></td>
<td>2. _______</td>
<td>B. _____ Positive antibody titer</td>
</tr>
<tr>
<td>Mumps</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td>Rubella</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. _____ Positive antibody titer</td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td></td>
<td>2. _______</td>
<td>B. _____ Positive antibody titer</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1. _______</td>
<td>A. _____ Completed series</td>
</tr>
<tr>
<td></td>
<td>2. _______</td>
<td>B. _____ In progress series</td>
</tr>
<tr>
<td></td>
<td>3. _______</td>
<td>C. _____ Positive antibody titer</td>
</tr>
<tr>
<td>Tetanus-Diphtheria-Pertussis (Tdap)</td>
<td>1. _______</td>
<td>A. _____ Record of immunization</td>
</tr>
<tr>
<td>Tuberculin Tests: 2-Step, Blood Draw, Or Chest X-Ray</td>
<td>1. _______</td>
<td>A. _____ Record of negative ppd, step 1</td>
</tr>
<tr>
<td>Negative test required or a Clear Negative Chest X-ray</td>
<td>2. _______</td>
<td>A. _____ Record of negative ppd, step 2</td>
</tr>
<tr>
<td></td>
<td>3. _______</td>
<td>B. _____ Record of negative ppd by blood draw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. _____ Negative Chest X-ray</td>
</tr>
</tbody>
</table>

Physician, Nurse Practitioner, or Physician’s Assistant Signature: __________________________________________ Date ____________________________

Name typed or printed: ______________________________________________________________________________________

Address: ____________________________ Phone Number: ____________________________

Page 1 of 2
ESSENTIAL FUNCTIONS
REQUIRED OF SURGICAL TECHNOLOGY STUDENTS

MOTOR CAPABILITY:
- Move from room to room and maneuver in small places.
- Transfer patients who may require physical assistance.
- Guard and assist patients with ambulation.
- Lift and carry up to 50 pounds and exert up to 100 pounds force for push/pull.
- Squat, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
- Use hands repetitively; use manual dexterity.
- Adjust, apply, and clean therapeutic equipment.
- Perform CPR.
- Travel to and from academic and clinical sites.
- In the average clinical day, students sit 1-2 hours; stand 6-7 hours; travel 1-2 hours.

SENSORY CAPABILITY:
- Coordinate verbal and manual instruction.
- Assess a patient 10 feet away to observe patients posture and response to treatment.
- Respond to a timer, alarm, or cries for help.
- Monitor vital signs.
- Auditory, visual, and tactile ability sufficient to assess patient status and perform treatments (Example: color changes in skin, hear heart and lung sounds).

COMMUNICATION ABILITY:
- Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing (Example: explain treatment procedures; teach patient and families, document in charts).
- Effectively adapt communication for intended audience.
- Interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
- Assume the role of a health care team member.
- Function effectively under supervision.
- Sensitivity to and understanding of the needs of the patient as well as other members of the surgical team, with a strong desire to help others and make a valuable contribution to society.
- Stable temperament and strong sense of responsibility.

PROBLEM SOLVING ABILITY:
- Function effectively under stress.
- Respond effectively to emergencies and keep attention focused.
- Adhere to infection control procedures.
- Demonstrate problem-solving skill in patient care (measure, calculate, reason, prioritize, synthesize data).
- Use sound judgment and safety precautions.
- Address problems or questions to the appropriate person at the appropriate time.
- Organize and prioritize tasks in stressful and emergency situations.
- Follow policies and procedures required by clinical and academic settings.
- Ability to work quickly and accurately with a commitment to detail and focused attention.

WORKING CONDITIONS:
- The Operating Room is a brightly lit, relatively quiet and temperature controlled environment.
- Frequent exposure to communicable diseases, unpleasant sights, odors, and hazardous materials.
- Most surgical procedures are carried out during the day and a 40-hour workweek is common.
- The Surgical Technician may be required to work the evening or nigh shift, weekends, holidays, and periodically take “call” (be available to work on short notice in case of emergency).

I state that I meet the above required essential functions of a Surgical Technician.

Applicants Signature: ________________________________