

One-Year Certificate Surgical Assisting Technology Application

Requirement	Office Use Only
<i>Prior surgical work experience and/or credential are required to apply to this program.</i>	
ITD100 – “B” or better or placement score Must meet one of the following criteria to apply: ___ Surgical Technologist with CST credential and one year work experience. ___ Health professional (ie: registered nurse, physician assistant, or military trained) with one year of operating room work experience in the scrub or assistant role. NOTE: Applicants in the health professional category must pass Stark State’s Surgical Assistant Entrance Proficiency Exam with 70% or higher to be eligible for the program.	
BCI and FBI Background Checks	
Verification of Employment Form - Verification of Employment form is available on program website.	
Verification of Education Must provide college transcripts showing completion of two semesters of anatomy and physiology or an equivalent course with “C” or better.	
Verification of Credentials - Must provide a copy of above required credential.	

APPLICATION PROCESS

1. Follow the procedures for applying to Stark State College (SSC).
2. Refer to the program website for additional information.
3. Contact SSC Security to schedule BCI and FBI background checks. If verification of eligibility is not complete prior to application a student can be conditionally accepted into the program with proof of documentation of payment for background check.
4. Obtain and complete the “Verification of Employment” form.
5. After application requirements are completed, contact the Program Coordinator to schedule an appointment for your application to be reviewed. Please bring copies of background check eligibility, verification of employment form, college transcripts (if applicable), proof of military training (if applicable) and credentials.

Program Coordinator: Kerry Stanziano-Bradic

kstanziano@starkstate.edu

330-966-5458 ext. 4389

Please check the College website to ensure you are using the most current Checklist Application when applying to the program.

Student Name Printed: _____ S#00 _____

Address: _____ City: _____ State: _____ Zip: _____

Stark State E-Mail: _____ Phone: _____

Student Signature: _____ Date: _____

FINAL ACCEPTANCE

Program Coordinator Signature

Cohort

Date