



Stark State COLLEGE Medical Instrument Sterilization Technician Program

Hospital Tour Information Form

For students that are placed by Stark State College for clinical practice

The clinical sites listed below have agreed to allow a perspective student to shadow a Sterile Processing Technician in the Sterilization and Processing Department. Please e-mail or call the contact person for the hospital that you choose for your tour experience in order to set up a day and time. A minimum of 3 hours is required for the tour experience. Please dress appropriately. You may dress casual because you will be changing into scrubs, but look professional. *No t-shirts, sandals, open toed shoes, or shorts.

Option 1- Mercy Medical Center- 1320 Mercy Dr. NW Canton, Ohio 44708

Contact- Volunteer Services at (330)489-1106

Option 2- Summa Western Reserve Hospital- 1900 23rd St. Cuyahoga Falls, Ohio 44223

Contact Person- Steve Chappe e-mail schappe@westernreservehospital.org

Option 3- Akron Children's Hospital- Must see Program Coordinator for further instruction

**Option 4-University Hospitals Portage Medical Center-6847 N. Chestnut Street
P.O. Box 1204 Ravenna, Oh 44226**

Contact Person-Megan Nelson e-mail Megan.Nelson@uhhospitals.org

Option 5- You can choose any facility that has a Sterile Processing Department to complete the tour, but you will have to obtain permission from that facility.

Please contact me if you have questions regarding the tour.

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Stark State College

Medical Instrument Sterilization Technician Program

Tour Form for shadow experience-Not required for Career Enhancement Certificate
Students

Student Name _____

Name of Hospital or Outpatient Surgery Center _____

Date and time of experience _____

Central Sterilization Processing Technician Name _____

Explain in detail what you observed during your tour at the Hospital or Outpatient Surgery Center.

Was the experience helpful to you in regard to answering questions you have about the job description of a Sterilization Processing Technician?

Central Sterilization Department Manager Signature _____

Date _____

Central Sterilization Processing Technician Signature _____

Date _____