



# SOUTH PLAINS COLLEGE

## STERILE PROCESSING

### APPLICATION FOR ADMISSION

PERSONAL INFORMATION		
NAME (LAST, FIRST)	SPC ID #:	SOCIAL SECURITY NUMBER
ADDRESS:	CITY, STATE	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:	

**HEALTHCARE PROGRAM:**

Have you previously applied to or been enrolled in a healthcare program?    Yes    No  
 If yes, when and where: \_\_\_\_\_ (\*letter of standings required).  
 Did you finish the program?    Yes    No  
 If not, please explain: \_\_\_\_\_ (\*letter of standings required).  
 Have you ever been convicted of a felony?    Yes    No    If yes, please explain: \_\_\_\_\_

EDUCATION					
School Name	Location	Years Attended	Degree Received	Major	

MEDICAL EXPERIENCE					
Medical Experience	Location	Years	Certification		

### SIGNATURE DISCLAIMER

- ALL items (1-5) must be completed before the Surgical Technology Application can be submitted.
- Applicants needing to take additional TSI remedial courses in Summer I can apply the second week of June with verification of course enrollment.
- Students in the Surgical Technology Program who may have a criminal background, please be advised that the background may keep you from entering the program due to clinical site policies. Students who have a question regarding their background, please speak with the Program Director or the Department Chair.

\_\_\_\_\_ I certify that the information in this application is true and complete to the best of my knowledge. I understand that the South Plains College Surgical Technology Program faculty and staff will read any misrepresentation or falsification of information caused in this application, denial of admission, or expulsions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_