Surgical Technology

Application Package
January 2012

3000 Campus Hill Drive
Livermore, CA 94551
925-424-1354
www.laspositascollege.edu/healthsciences
The Surgical Technology program at Las Positas College is a full-time academic program completed in three semesters (Spring, Summer & Fall of 2012). The didactic portion of the program class times:

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Thursday</td>
<td>8:00am to 2:30pm</td>
<td>VCHS</td>
</tr>
<tr>
<td>Fridays</td>
<td>7:30am to 2:30pm</td>
<td>LPC</td>
</tr>
</tbody>
</table>

The clinical portion of the program class times (Fall 2012) will be varied depending on hospital placement.

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)
- Health 52 (Basic Medical Terminology For Allied Health)

The required core program entrance courses must be taken prior to enrollment.

Certificate of Achievement or Associate in Science Degree
Upon completion, students will earn a 38-unit certificate in surgical technology. Students may receive a 60-unit Associate in Science degree upon completion of additional general education coursework and other requirements as listed in the current college catalog.

To be eligible for the Surgical Technology Program, applicants must be 18 years of age or older and have the following by October 31, 2011:

- 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 copies of the Chabot Las Positas College transcript.
- Copies of transcripts of ALL required core courses; Required core courses must be completed with a grade of C or higher; OR if courses have been taken elsewhere, copies of transcripts from an accredited college attended must be provided.
- Ability to pass a background/criminal check and drug screening. Your placement will be contingent on passing the background/criminal check and drug screening.
- Foreign transcripts must be evaluated by a recognized evaluation service firm such as the International Education Research Foundation [http://www.ierf.org](http://www.ierf.org) to show U.S. equivalency of completion of the college level required courses.
- A completed Las Positas College Surgical Technology Program Application (Form A) and related forms Physical Evaluation (Form B); Personal Essay (Form C); and Essential Functions Required (Form D) due via USMail by 10/31/11.
- A completed Chabot Las Positas Community College transcript copies, and Forms B-D MUST be mailed in a sealed envelope to the following address:
  Las Positas College
  Mailbox 431
  3000 Campus Hill Drive
  Livermore, CA 94551
- A completed Las Positas College Surgical Technology Program Application (Form A)
- Current and/or Returning students must submit copies of transcripts of ALL college attended must be provided. Copies of transcripts of ALL college attended must be provided. Copies of transcripts of ALL college attended must be provided.
- Copies of transcripts of ALL college attended must be provided.
- Official Transcripts (may take 3-4 weeks);
- American Heart Association Basic Life Support for Healthcare Providers (CPR & AED) program certificate;
- Background/Criminal Check Performed;
- Drug Screening;
- TB clearance (2-step TB test, blood draw, or X-ray); and
  - Pertussis Tdap (fulfills Tetanus and diphtheria)
  - 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 2 doses of the 3-dose series must be completed)

The background/criminal check and drug screening is the responsibility of the student (Fee: $90). Admission to the program will be conditional upon the successful completion of the items above submitted by 12/15/11.
Surgical Technology
Application (Form A)

Submit application form and related materials in a sealed envelope by mail to:
Las Positas College
Mailbox 431
3000 Campus Hill Drive
Livermore, CA 94551

Open Application Period: October 1st – October 31st
Application Deadline: October 31, 2011
Acceptance/Denial Notification: November 15, 2011

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
</tr>
<tr>
<td>LPC W#: ____________</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

Are you currently active military or a Veteran of the armed forces?  
[ ] Yes  [ ] No
Are you currently receiving unemployment benefits?  
[ ] Yes  [ ] No
Are you registered with the Tri-Valley OneStop?  
[ ] Yes  [ ] No

Email Address: ________________________________

Current Home Address: ________________________________
City: __________ State: ________ Zip Code: __________
Is this also your mailing address: Yes [ ]  No [ ]
If No, please indicate your address below:
________________________________________________
City: __________ State: ________ Zip Code: __________

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

[ ] Home  [ ] Cell  [ ] Work

Have you graduated high school in the US?  If no, have you received a GED?
Yes [ ]  No [ ]
If no, have you received a GED?  Yes [ ]  No [ ]

Have you ever been convicted of a felony?  Yes [ ]  No [ ]

Are you willing to submit to a criminal justice background screening and drug screening?  
Yes [ ]  No [ ]

Applicants Signature: ________________________________________________

FOR OFFICIAL USE ONLY:

RECEIVED BY: ________________________________
Name ________________________________ Date __________ Time __________

Application Status: ________________________________
Accept                       Decline
**Surgical Technology**

*Physical Evaluation (Form B)*

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

---

**Medical History**

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>
<td></td>
</tr>
<tr>
<td>Muscle, bone or joint disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma or respiratory disorders(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart or circulation disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genito Urinary disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematological disorder(s)</td>
<td></td>
<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 must accompany this form.

Can this student perform the essential motor and sensory functions required of a student in a Surgical Technician Program?

☐ Yes ☐ No

If no, please explain on reverse side.

---

**Immunizations Record:**

**Height:**

**Weight:**

**B/P:**

**Pulse:**

---

**Ears, nose, & throat:**

**Neck:**

**Lymph Nodes:**

**Skin:**

**Heart:**

**Abdomen:**

**Extremities:**

**Neurological, Auditory, Visual:**

---

### Immunization

<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) OR</td>
<td>1.</td>
<td>A. ______ Record of immunization</td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td>1.</td>
<td>B. ______ Record of immunization</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>B. ______ Positive antibody titer</td>
</tr>
<tr>
<td>Rubella</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>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Step, Blood Draw, Or Chest X-Ray</td>
<td>1.</td>
<td>A. ______ Record of negative ppd, step 1</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>B. ______ Record of negative ppd, step 2</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>C. ______ Record of negative ppd by blood draw</td>
</tr>
<tr>
<td></td>
<td>Clear Negative Chest X-ray</td>
<td></td>
</tr>
</tbody>
</table>

---

**Physician, Nurse Practitioner, or Physician’s Assistant Signature:**

**Date:**

**Name typed or printed:**

**Address:**

**Phone Number:**
Personal Essay: Provide a personal essay on your background, employment history and career interest in the Surgical Technology program. Within the personal essay, you should demonstrate how your skills and abilities meet the following: Accountability; Promptness; Responsibility; Assertiveness; Honesty; and Teamwork.

You may use a separate page for the essay. Label “Personal Essay (Form C)” at top of page.
Surgical Technology

Essential Functions Required (Form D)

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 within the scope of practice as directed.

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 night 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: ________________________________