



## APPLICATION FOR ADMISSION

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

**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
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-ALL items (1-5) must be completed before the Sterile Processing 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 Sterile Processing 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 Sterile Processing Program faculty and staff will read any misrepresentation or falsification of information caused in this application, denial of admission, or expulsions.

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