SOUTH PLAINS COLLEGE
SURGICAL TECHNOLOGY

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, and/or immediate dismissal from program.

Signature: _____ Date: _____