

# Application Checklist for Surgical Technology Program

Your application is **NOT COMPLETE** and cannot be considered in the admissions process until **ALL** forms and any required documentation is included.

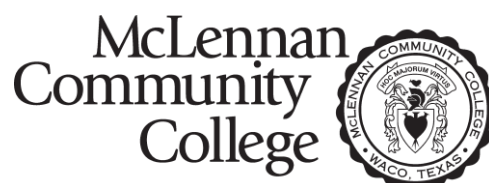
Use the checklist below to verify that all information is included. Sign and date this form. Submit this and the indicated information to the Surgical Technology Program Director, or department secretary. These items may be mailed or delivered to the specific departments listed. All information, current and accurate, is required by the application deadline of **May 15th**.

- Application for Admission to McLennan Community College.** [www.applytexas.org](http://www.applytexas.org)  
Applicant must be a current student to enroll in any class or apply to any program.
- Application for the Surgical Technology Program.**  
Completed application must be sent to the Surgical Technology Program Director.
- Documentation – Transcripts from all colleges where you have earned credit.**  
If all prerequisite courses were completed at McLennan Community College or if all credits have been submitted to McLennan at time of application to the college, only a McLennan transcript is required.
- Documentation – Proof of Health Career certifications**  
This information must be supplied with the Surgical Technology program application
- Attend** program information session **by May 15<sup>th</sup>** of the application year.
- Documentation** - Proof of completion of the ATI TEAS (TEAS-V) test with a score of 59 or higher.
- Documentation** - Proof of Military service (DD 214).

After you have completed and checked all applicable items above, you are now ready to turn in your application

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



1400 College Drive . Waco, TX 76708  
[www.mclennan.edu/departments/hsp](http://www.mclennan.edu/departments/hsp)

# Application for Surgical Technology Program

Application deadline is May 15. This application is effective for **ONLY** one review. A new application is required for each admission.

Name:

*Last name* \_\_\_\_\_ *First name* \_\_\_\_\_ *Middle name* \_\_\_\_\_ *Other names used on records* \_\_\_\_\_

MCC ID#: \_\_\_\_\_

Current address:

*House number* \_\_\_\_\_ *Street, Route or P. O. Box number* \_\_\_\_\_ *Apartment number* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP* \_\_\_\_\_

Telephone number: home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Expected year of enrollment: Fall 20 \_\_\_\_\_

Previous experience in a health occupation: \_\_\_\_\_

Certified/licensed in a health occupation:  Yes  No

If yes, please state: Health occupation: \_\_\_\_\_

Date of certification/license: \_\_\_\_\_ State awarding certificate/license: \_\_\_\_\_

Organization granting certificate/license: \_\_\_\_\_

Certificate/license number: \_\_\_\_\_

List all colleges and/or vocational-technical schools you have attended, including MCC:

<i>College</i>	<i>Dates attended</i>
_____	_____
_____	_____
_____	_____
_____	_____

The steps outlined on the Application Checklist (admission to the college, testing, transcripts, etc.) must be completed **before the applicant can be considered for admission to the Surgical Technology Program.**

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

**Please note:** Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program.

Are you currently, or have you ever been, expelled or placed on disciplinary suspension from any college or university?  Yes  No

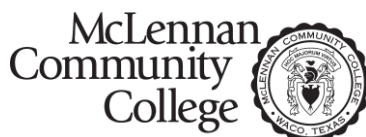
I certify that the information furnished in this application is complete and correct.

*Signature*

*Date*

Return this form to:

Program Director, Surgical Technology  
Health Professions Office 112  
McLennan Community College  
1400 College Drive  
Waco, Texas 76708



1400 College Drive . Waco, TX 76708

[www.mclennan.edu/departments/hsp](http://www.mclennan.edu/departments/hsp)