

Professional & Community Education- Health Science Office

4203 S. Providence Rd · Columbia, MO 65203

Ph: 573-214-3772 · Fax: 573-214-3773

Surgical Technology Fall 2017 Application Packet

Thank you for your interest in the Surgical Technology program of Columbia Area Career Center, a part of Columbia Public Schools. The Columbia Public Schools Health Science office is located at the Columbia Area Career Center, 4203 South Providence Rd., Columbia, MO. 65203,

GENERAL PROGRAM INFORMATION

Class will meet Monday through Thursday, from 7am to 4pm beginning **August 7, 2017** through **July 12, 2018**.

The tuition *and* fees for Fall 2017 will be **\$12,892.50**. The financial aid office is located within room 147 and can be reached via phone at (573) 214-3809. All applicants need to contact the financial aid office even if they do not plan to utilize financial aid. Please contact them early as the financial planning process can be lengthy. Prior to the first day of class, a deposit of \$2,500 will be required.

Along with the completed application form, there is a \$75 application/testing fee. Upon payment of the application fee, you must schedule and take a general aptitude test. Call 573-214-3772 to schedule your exam. Testing dates are listed on page two of this packet. The exam is administered at Columbia Area Career Center. You will need to allow four hours for testing. Exam dates are limited, so plan accordingly.

When we have received your completed application packet, you will be scheduled for an Admissions Committee interview. This Committee will select students based on a point system assigned to certain aspects of the application process. No one will be allowed an interview with the committee without a completed file. It is the applicant's responsibility to check with the office to make sure we have received all necessary information.

Area hospitals require urine drug screens and criminal background checks on all students. Should you be accepted into the program, you will be required to submit a urine drug screen and sign a consent for the school to complete a required criminal background check.

ADMISSION CRITERIA

- Contact Financial Aid Administrator (573) 214-3809
- Complete application (forms enclosed)
- \$75 application fee, payable by cash, check or M/C, Visa, or Discover
- Receipt of TEAS test score
- Letter of intent (form enclosed)
- Three (3) Letters of reference (forms enclosed)
- High School Transcript or GED scores
- Possible interview (to be held after application deadline)

TEAS Testing Dates:

Tues., April 25, 2017, 8am-12pm

Tues., May 9, 2017, 8am-12pm

Wed., May 24, 2017, 12-4pm

Tues., June 13, 2017, 12-4pm

ADMISSION TIMELINES

APPLICATION DEADLINE – Thursday, June 8, 2017 at 4:00pm

- ***Tuesday, June 20, 2017*** – Interviews
- ***Wednesday, July 12, 2017*** – Acceptance of spot in program and drug screens due
- ***Monday, August 7, 2017*** - Classes begin.

Columbia Public Schools is an Equal Opportunity Employer, and does not discriminate based on age, race/ethnicity, gender, or nation of origin.

Columbia Area Career Center complies with the Americans with Disabilities Act and will provide reasonable accommodations for individuals with disabilities. If you require special arrangements for testing, you must submit the following:

- *Documentation of disability by a qualified professional. (This documentation must not be more than 3 years old and should be based upon adult norms.)*
- *Request for accommodations.*

Please allow 30 days for accommodations to be coordinated. Direct your requests to: ADA Coordinator, Columbia Area Career Center, 4203 S. Providence Rd., Columbia, MO 65203.

Mail the application packet to:

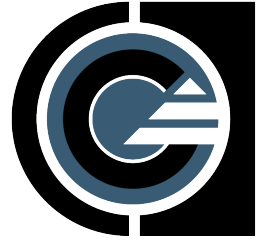
Health Science Office
Columbia Area Career Center
Professional & Community Education
4203 South Providence Road
Columbia, MO 65203

Columbia Area Career Center Professional & Community Education

4203 S Providence Rd.

Columbia, MO 65203

www.career-center.org/pce - Phone 573.214.3772 - Fax 573.214.3773



Applicant Information

PRINT or TYPE All Information

Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Email Address	Home Phone	Cell Phone	

Applicant's Social Security Number _____

EMERGENCY NOTIFICATION

Name	Relationship	Phone
Address	City	State
		Zip Code

SECONDARY EDUCATION

List all high schools or other secondary schools attended. Submit a copy of official transcript.

Name of School	City and State	Dates Attended	Diploma Received

POST-SECONDARY EDUCATION

List all formal education beyond high school. Submit a copy of official transcript.

Name of Institution	City and State	Major	Dates Attended	Credential Earned

Columbia Area Career Center



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Have you ever taken college entrance examinations? Yes _____ No _____

If so, which one(s)

Test Name	Date Taken	Score
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Test Name	Date Taken	Score
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Test Name	Date Taken	Score
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EMPLOYMENT

List all work experiences, both full and part-time since high school. List most recent first.

Employer	City and State	Title or Position	Dates Employed

List any current certificates, licenses, or other credentials:

List any previous employment, training, workshops, seminars, or other educational opportunities you have experienced related to the healthcare field.

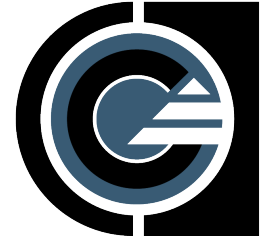
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Letter of Intent

Please discuss your interest in the Surgical Technology program in the space provided below. Include in your discussion how these interests have developed, why you wish to become a Surgical Technologist, and what you plan to do upon completion of this program.

I certify that the above information is correct and complete. I understand that I am responsible for notifying the Program Director of any changes of address or phone number. I also understand that I am responsible for my own transportation to and from clinical sites and may be required to obtain a physical examination prior to beginning clinical experiences.

Signature

Date