

SURGICAL TECHNOLOGY PROGRAM ADMISSION APPLICATION 2025 Enrollment

Applicant Name:			
	Last	First	Middle Initial

Non-Discrimination Statement

Ascension St. Vincent College of Health Professions provides equal opportunity to all applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination on the basis of age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status.

* Applications will only be accepted between February 14th through April 15th *

Application Reminders!

Please read the following reminders carefully if you are planning to apply to the Surgical Technology Program. This information is extremely important so applicants can be sure to have a complete application prior to the application deadline.

General Reminders

- Please submit <u>ALL</u> application materials together in one envelope. This keeps your application materials
 together and helps prevent one item from getting misplaced. Transcripts are the <u>ONLY</u> application
 requirement that may be submitted electronically.
- Applications being dropped off in person may be left at the radiology desk right inside entrance 3 at the main Ascension St. Vincent Indianapolis Hospital at 2001 W. 86th Street. Make sure that ALL application materials are included in one envelope and the outside of the envelope is clearly labeled with the following: Susanne Bestmann, Surgical Technology Clinical Coordinator. Applications are only accepted February 14, 2025, through April 15, 2024. Please submit a courtesy email to Susanne.bestmann@ascension.org letting her know that you have dropped off your application at the front desk @ 250 W 96th St. Indianapolis, IN 46260.
- If application documents are being mailed, the program recommends mailing your documents no later than <u>14</u> <u>days prior to the deadline</u>. Parcel tracking is also recommended. All application materials must be in the hands of the program director by the <u>end of business on April 15, 2025</u>.

Transcripts

- If you are meeting the admission criteria with your high school gpa, SAT, ACT or GED scores transcripts need to be sent directly to the clinical coordinator.
- Additionally, If you took dual credit courses in high school and received college credit, please send the college transcript that reflects those credits earned.
- Send <u>ALL</u> college transcripts from any regionally accredited college or university that you have ever attended. This includes college transcripts that are older and that may not reflect any prerequisite courses that you have taken.
- It is preferred for transcripts to be sent electronically to Susanne Bestmann at Susanne.bestmann@ascension.org.
- We cannot accept transcripts that are issued to student or are not in a sealed envelope, if not sending electronically.

ADMISSION REQUIREMENTS

Nonacademic Requirements for the Program.

To be accepted in the program, the applicant must meet the following requirements:

- 1. Be 18 years of age by August 1 of the year applying for enrollment.
- 2. Be eligible to work in the United States as required by the U.S. Citizenship and Immigration Services (https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents)



Academic Requirements for the Program.

To be accepted in the program, the applicant must meet **one** of the following requirements.

Please select which criteria you are meeting for admission into the program:

Minimum 2.50 College GPA (4.00 Scale) on all academic work from all institutions and a minimum of 9 credit hours completed.
Minimum 2.50 High School GPA (4.00 Scale).
Obtain a score of 165 or higher in all four sections of the General Educational Development Test (GED Test)
Obtain an 18 or higher on the American College Testing (ACT)
Obtain a 970 Composite Score or higher on the Scholastic Aptitude Test (SAT)

General Education Requirements

The following general education courses are <u>preferred</u> to be completed before the start of the program. If the general education courses are not completed before the start of the program, the applicant must complete courses in conjunction with Ascension St. Vincent College of Health Professions Surgical Technology Programs curriculum. All general education courses must be completed prior to graduation.

1. Mathematics (minimum 3 credits). Courses automatically accepted include:

Applied MathematicsAlgebraStatistics

CalculusTrigonometry

2. Communication (minimum 3 credits). Courses must be English based. Automatically accepted include:

CommunicationRhetoric

DebateWriting/Composition

3. Information Systems (minimum <u>3</u> credits). Courses automatically accepted include:

Computer Data Management

Computer Bata Management
 Computer Hardware

Computer Software/Applications

Computer Language/Programming

Computer Networking

4. Humanities/ Sociology/ Psychology (minimum 3 credits). Courses automatically accepted include:

AnthropologyInternational relations

CivicsPsychology

Criminology
 Public Administration/Public Policy

Developmental studiesEconomicsSocial WorkSociology

EducationPolitical Science

Gender studies

5. Natural / Physical Sciences (minimum 3 credits). Courses automatically accepted include:

AstronomyGeneral Science

BiologyGeology

ChemistryHuman Anatomy and/or Physiology

Earth SciencesPhysics

6. The above coursework must be from regionally accredited institutions.

7. The above coursework must be 100-level or higher courses.

8. All of the above courses must be completed with a letter grade of "C" or higher.

9. In cases where a letter grade is not assigned, the program will only accept any course graded as "P", "S", or other such institutional designation as evidence the course was successfully completed as passing.

Pre-Admission Conference

 Any applicant applying to the Surgical Technology Program <u>MUST</u> attend an in-person Pre-Admission Conference. For additional information about the Pre-Admission Conference, please reference the website (<u>www.stvincent.org/CST</u>).

Letters of Recommendation

 Applicants are required to submit two letters of recommendation. These letters can be from previous instructors, bosses, or a personal letter of reference. These can be submitted to the clinical coordinator via email or with the application. Letters can be emailed to Susanne Bestmann at the following email: Susanne.bestmann@ascension.org.

Application Fee

• The program is not able to accept cash. Please send a money order, cashier's check or personal check made out to Ascension Surgical Technology Program in the amount of \$20. Please make sure you sign the money order and that all required information is filled out.

For a complete application you must include...

$ \cup $	Application
	Application Fee \$20- NOT CASH. Money order or personal check ONLY.
	2 Letters of Recommendation
	Transcripts that meet the admission criteria sent to Susanne.bestmann@ascension.org
	<u>ALL</u> College Transcripts sent to Susanne.bestmann@ascension.org
	Mark your calendar to attend the Mandatory Pre-Admission Conference
	Copy of class schedule (if you are currently enrolled)
I	

PERSONAL HISTORY		
Name:		
Last		Middle Initial
Other name under	which transcripts may be listed:	
Mailing Address: _		
	Box # & Street	Apt. #
_	City State	 Zip
Telephone:	· · ·	r
_	<u> </u>	
E-mail address: _	@	
Resident Status 1. Are you eligible to work in the United States as required by the U.S. Citizenship and Immigration Services? (https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents)		
	AGE ATTESTATION	
2. Will you be 18 ye	ears or older by August 1 of the year you seek enrollment?	
Prior Application 3. Have you applied to this program in the past 2 years?		
	<u>Criminal History</u>	
4. Have you ever been convicted of or plead guilty to any felony or misdemeanor other than minor traffic violations? *		
	Professional Licensure	
5.Have you ever ho reason? *	ad a professional license or certification suspended or revoked for an	у
* If you answered "YES" to questions 4 or 5, you <u>must</u> attach a detailed description and explanation of your conviction history and/or professional license/certification history. Include the relevant dates and the governing bodies associated with your <u>conviction and/or suspension/revocation of your professional license/certification.</u>		
Failure to fully disclose an adverse criminal history or professional license record disqualify you from admission consideration or withdrawal of conditional acceptance Revised December 202		

ACADEMIC DEGREE HISTORY

Official transcripts must be sent from each institution attended; List the most recent colleges first (use additional sheets if needed)

Do you currently have in <u>any</u> discipline? If yes	re <u>any</u> academic degree (associate, bachelors, masters, etc.)?	
11 yes	Degree	
	Institution:	
	Date earned:	
in <u>any</u> discipline by <u>A</u>	earned <u>any</u> academic degree (associate, bachelors, masters, etc.) <u>august 1</u> of 2024?	
If yes	Dograd	
	Degree Institution:	
	Date to be earned:	
	High School ATTENDED	
* 15	you are currently enrolled in classes, please include a current class schedule *	
High School:		
City & State		
Dates of Attendance:_	Year of Graduation:	_
* 11	<u>COLLEGES ATTENDED</u> iyou are currently enrolled in classes, please include a current class schedule *	
College / School:		
City & State		
Dates of Attendance:_	Major	<u>—</u>
College / School:		
City & State		
Dates of Attendance		

<u>EMPLOYMENT HISTORY</u> * Please list the most recent first *

Name of Company		
Address (City, State & Zip)		
Starting Date:	Termination Date:	
Type of Business	Telephone	
Position Held	Supervisor	
Briefly describe your job responsibilities		
Reason for Termination		
Name of Company		
Address (City, State & Zip)		
Starting Date:	Termination Date:	
Type of Business	Telephone	
Position Held	Supervisor _	

ATTESTATION OF HIGH SCHOOL GRADUATION/GED

By my signature below, I state that I am a high school graduate or have completed by General Education Development (GED) test or graduated from the equivalent of a high school from another country.

STATEMENT OF TRUTH

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for immediate removal from consideration of admission or dismissal from the program if already admitted. I authorize the employment references listed herein to release to you any and all pertinent information concerning my previous employment. I authorize the academic references listed herein to release to you any and all pertinent information concerning my previous enrollment in the institution. I further agree to release all parties from all liability from damage that may result from furnishing said information to you. I acknowledge I have reviewed information regarding the Essential Functions and Skills individuals need to possess to be successful in the Surgical Technology Program and as Surgical Technologist online at www.stvincent.org/CST.

Signed	Date

* Send all application materials to: *

Susanne Bestmann

Surgical Technology Clinical Coordinator 250 W 96th St. Indianapolis, IN 46260

** Candidates are encouraged to submit their application materials as soon as possible.

It is critical for you to read the application reminders on page two of the application prior to submitting application.