



SURGICAL TECHNOLOGY PROGRAM ADMISSION APPLICATION 2027 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 August 1st through October 31st ****

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 **ALL** application materials together in one envelope. This keeps your application materials together and helps prevent one item from getting misplaced. Transcripts are the **ONLY** 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: Taylor Morse, Surgical Technology Program Manager. Applications are only accepted August 1, 2026, through October 31, 2026. Please submit a courtesy email to Taylor.morse@ascension.org letting her know that you have dropped off your application at the radiology desk right inside entrance 3.

If application documents are being MAILED, the program recommends mailing your documents no later than **14 days prior to the deadline**. Parcel tracking is also recommended. All application materials must be in the hands of the program by the **end of business on October 31, 2026**. Please mail the application documents to **2001 W. 86th St. Indianapolis, IN 46260**.

Transcripts

- Have High School transcripts or GED results sent directly to taylor.morse@ascension.org.
- 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 **ALL** 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 Taylor Morse at Taylor.morse@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 January 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 2.75 College GPA (4.00 Scale) on all academic work from all institutions and a minimum of 9 credit hours completed.
- ☐ Minimum 2.75 High School GPA (4.00 Scale).
- ☐ Obtain a score of 145 or higher in all four sections of the General Educational Development Test (GED Test)

General Education Requirements

The following general education courses are preferred 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 Mathematics
 - Algebra
 - Calculus
 - Geometry
 - Statistics
 - Trigonometry
2. Communication (minimum 3 credits). Courses must be English based. Automatically accepted include:
 - Communication
 - Debate
 - Rhetoric
 - Writing/Composition
3. Information Systems (minimum 3 credits). Courses automatically accepted include:
 - Computer Data Management
 - Computer Hardware
 - Computer Software/Applications
 - Computer Language/Programming
 - Computer Networking
4. Humanities/ Sociology/ Psychology (minimum 3 credits). Courses automatically accepted include:
 - Anthropology
 - Civics
 - Criminology
 - Developmental studies
 - Economics
 - Education
 - Gender studies
 - International relations
 - Psychology
 - Public Administration/Public Policy
 - Social Work
 - Sociology
 - Political Science
5. Natural / Physical Sciences (minimum 3 credits). Courses automatically accepted include:
 - Astronomy
 - Biology
 - Chemistry
 - Earth Sciences
 - General Science
 - Geology
 - Human Anatomy and/or Physiology
 - Physics
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 **MUST** attend an in-person Pre-Admission Conference. If you are applying to the program that starts in January of 2027, the dates are **June 20th, August 6th, September 19th, and October 20th**. For additional information about the Pre-Admission Conference, please reference the website (www.stvincent.org/CST).

Letters of Recommendation

- Applicants are welcome, but not required, to submit letters of recommendation. These may come from former instructors, supervisors, or a personal reference. Letters can be emailed to Taylor Morse at taylor.morse@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...

- ☐ Application
- ☐ Application Fee \$20- **NOT CASH**. Money order, cashier's check, or personal check ONLY.
- ☐ Transcripts that meet the admission criteria sent to Taylor Morse at Taylor.morse@ascension.org
- ☐ High School Transcripts sent to Taylor Morse at taylor.morse@ascension.org.
- ☐ **ALL** College Transcripts sent to Taylor Morse at Taylor.morse@ascension.org
- ☐ Attend a Mandatory Pre-Admission Conference
- ☐ Copy of class schedule (if you are currently enrolled)

PERSONAL HISTORY

Name: _____
Last First Middle Initial

Other name under which transcripts may be listed: _____

Mailing Address: _____
Box # & Street Apt. #

City State Zip

Telephone: _____

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 years or older by January 1st of the year you seek enrollment?

☐

Prior Application

3. Have you applied to this program in the past 2 years?

☐

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 **any** academic degree (associate, bachelors, masters, etc.)?
in **any** discipline?

☐

If yes...

Degree _____

Institution: _____

Date earned: _____

If not, will you have earned **any** academic degree (associate, bachelors, masters, etc.)
in **any** discipline by **January 1** of 2027?

☐

If yes...

Degree _____

Institution: _____

Date to be earned: _____

High School ATTENDED

** If you are currently enrolled in classes, please include a current class schedule **

High School: _____

City & State _____

Dates of Attendance: _____ Year of Graduation: _____

COLLEGES ATTENDED

** If you are currently enrolled in classes, please include a current class schedule **

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

EMPLOYMENT HISTORY

*** Please list the most recent first ***

Name of Company _____

Address (City, State & Zip) _____

Starting Date: _____

Termination Date: _____

Type of Business _____

Telephone _____

Position Held _____

Supervisor _____

Name of Company _____

Address (City, State & Zip) _____

Starting Date: _____

Termination Date: _____

Type of Business _____

Telephone _____

Position Held _____

Supervisor _____

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: *

**Taylor Morse
Surgical Technology Program Manager
St. Vincent Indianapolis Hospital
2001 W 86th 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.