

Surgical Technology Program

Information Guide and Application

August 2012



FRANKLIN TECHNOLOGY CENTER @ MSSU
3950 E. Newman Road
Joplin, MO 64801

Phone: (417) 659-4400

Fax: (417) 659-4408

Email: roper-g@mssu.edu



Surgical Technology

Surgical Technology
1090 Clock Hour Certificate Program
Program Coordinator: Gayla Roper
Phone: 417.659.4400
Roper-g@mssu.edu

The Surgical Technologist, also called the Operating Room Technician, is an integral member of the surgery team. Surgical Technologists work with registered nurses, surgeons, anesthetists, and other personnel- delivering patient care before, during, and after surgery.

The Surgical Technologists have many responsibilities that require knowledgeable skills. Along with those skills they must also possess integrity and honesty. Individuals will develop a Surgical Conscience that enables students to put the needs of the patient first.



Duties of the Surgical Technologist are:

- Create and maintain a sterile field in the operating room,
- Assist the surgeon by handing surgical instruments and supplies during surgery
- Aid surgeon in achieving exposure for visualization purposes
- Provide general assistance to the surgeon
- Operate surgical equipment.

Classroom subjects covered include Anatomy and Physiology, Microbiology, Pharmacology, Surgical Techniques, Surgical Procedures and Patient Care. Clinical experience is gained in area hospitals under the supervision of faculty and staff in the operating room and ancillary departments. Mock lab sessions introduce the student to surgical techniques and patient care issues.

Graduation from an Accredited Program of Surgical Technology is required to sit for the National Certification Exam. Franklin Technology Center's graduates are eligible to sit for the certification exam.

The Franklin Technology Center's Surgical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Accreditation provides assurance that students have received an education that meets nationally accepted standards.

For information about CAAHEP, contact them at:

CAAHEP
35 East Wacker Drive, Suite 1970
Chicago, IL 60601-2208
(312) 553-9355

The Surgical Technology curriculum is based on the Core Curriculum developed by the Association of Surgical Technologists (AST). It represents the minimum outcomes to be expected in entry-level education and prepares the students for the Certification Exam in Surgical Technology. Certification is the way to demonstrate expertise in surgical technology to prospective employers, the health care community, and the public. AST strongly supports the certification of surgical technologists.

For information about AST, contact them at:

AST
7108-C South Alton Way
Englewood, CO 80112-2106
(800) 637-7433

****Tuition and Fees for 2012-2013 are estimates only and are subject to change****

FRANKLIN TECHNOLOGY CENTER

SURGICAL TECHNOLOGY

School Year 2012-2013

Beginning Date: AUGUST 2012

Ending Date: April 2013

Non-refundable Application Fee of \$50.00 Required Prior To Acceptance Into Program

TUITION	\$	8,350.00
TEXTBOOK PURCHASE	\$	814.00
SUPPLIES	\$	540.00
FEEES	\$	656.00
PROGRAM TOTAL	\$	10,360.00

FEE PAID DIRECTLY TO THE VENDOR BY STUDENT

Miscellaneous expenses may include required immunizations and physical exam as part of application into program.

****Tuition and Fees for 2012-2013 are estimates only and are subject to change****

Revised
October 3, 2011

SURGICAL TECHNOLOGY

APPLICATION PROCEDURE

STEP 1

In order to be ***considered*** for the Surgical Technology Program, the first step in the process is receiving this packet with enclosed materials and completing this section in full. Once received and reviewed for completeness, you will move to STEP 2.

PLEASE DO THE FOLLOWING EASY CHECKLIST:

- _____ Read information sheet about surgical technology
- _____ Review program cost sheet and keep
- _____ Complete application form on both sides and sign
- _____ Turn in application along with \$50 application fee
- _____ **All applicants must contact the financial aid coordinator at (417) 625-9865**

Please direct all correspondence and inquires to:

**Franklin Technology Center at MSSU
Surgical Technology Program
3950 East Newman Road
Joplin, MO 64801-1595
Telephone: (417) 625-9802
Fax: (417) 659-4408
Email: roper-g@mssu.edu**

After completing STEP 1, you will be sent another packet - STEP 2; in which you will be asked to complete or provide:

- GED or High School **and** College Transcripts
- ACT or ACT residual scores – ACT exams are given month at MSSU
MSSU Student Support Services
Hearnes Hall Room 114
417-625-9324
Information regarding the ACT exam can be found at <http://www.act.org>
- Completed Criminal Background Check, Drug Screen Consent Forms, and immunization information.
- Complete TEAS (Test of Essential Academic Skills) entrance exam (you will be contacted in the spring regarding the test schedule)

Franklin Technology Center

Surgical Technology Program Application

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____
2nd Packet Sent _____

PERSONAL INFORMATION (please print clearly)

Name: _____ Maiden: _____
(First) (M.I.) (Last)

Address _____
(City) (State) (Zip)

SS#: _____ Date of Birth: _____ Phone: _____

E-Mail: _____

EDUCATIONAL HISTORY

I graduated in _____ from _____, _____
(MM/YY) (Name of School) (City) (State)

I completed my GED in _____ in the state of _____.
(MM/YY)

Have you completed any college coursework? ____ Yes ____ No If yes, where? _____
(Include state)

List any college degrees or vocational certificates held: _____

EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: _____

Phone: _____ Date Employed: _____ Date of Termination _____

Reason for leaving (optional): _____

2. Employer w/ address: _____

Phone: _____ Date Employed: _____ Date of Termination: _____

Reason for leaving (optional): _____

3. ____ I have not been employed outside the home.

EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: City, State, Zip: _____

CRIMINAL BACKGROUND CHECK:

All applicants applying for FTC programs will be required to undergo a criminal background check. This background check will require the applicant to list all states the applicant has resided in since 18 years of age. Failure to accurately list this information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

Have you ever been convicted as an adult offender of any crime? Yes No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter | <input type="checkbox"/> 1 st & 2 nd degree Arson | <input type="checkbox"/> 1 st & 2 nd degree Robbery |
| <input type="checkbox"/> 1 st & 2 nd degree Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Offender |
| <input type="checkbox"/> Other (Specify) _____ | | |

LICENSURE:

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

Have you ever been denied a health license in this or any other state? Yes No

DRUG SCREENING:

As part of the final steps in the selection process Surgical Technology applicants may be required to submit to a drug screening.

PROGRAM INFORMATION:

Have you ever previously applied for any Health Science program? Yes No
Where? _____

Have you taken any entrance exam for a program? Yes No
Which test have you taken? HOBET TABE

How did you hear about the Surgical Technology program?
 Radio School Sign Friend Other
 TV Brochure Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE “AMERICANS WITH DISABILITIES ACT” OF THE APPLICANT (SECTION IV).

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

NOTICE OF CONFIDENTIALITY:

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri’s records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: _____

Signature: _____



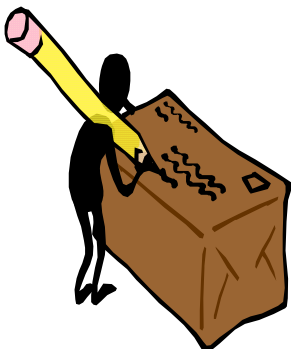
The Next Step



1. Complete your FAFSA online at fafsa.gov. Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don't have access to a computer.



2. In order to fill out your FAFSA, last year's federal tax return must be completed. If married, you must include spouse's information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent's information on Step 4.



3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.



4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.



5. Your FTC Award letter will be given to you at the beginning of the program.



6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student's responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for \$50 application fee
2. Funding voucher, training agreement, etc. for any program costs