



Deadline to apply is May 1

[• 4501 Amnicola Highway • Chattanooga Tennessee 37406](#)

SURGICAL TECHNOLOGY DEPARTMENT

Dear Applicant:

Thank you for your interest in the Surgical Technology Program offered by Chattanooga State Community College, an accredited program through CAAHEP. I have included information, instructions, and forms needed to apply for admission. Please read all the information carefully.

The Surgical Technology Program is a three-semester diploma course offered in the Tennessee College of Applied Technology Division. A new class is scheduled to enroll in the fall semester of each year. Class enrollment is limited to 24 students annually. To facilitate the processing of your application, be sure all the necessary steps are completed and the needed information is provided.

Upon receipt of the completed application, materials and required test results, applications will be reviewed and the class selected. You will then be notified by mail in the weeks following the May 1st deadline.

If you have any questions, please do not hesitate to contact the department secretary Deborah Evans, Deborah.Evans@chattanoogastate.edu, office hours 8:00 a.m.-4:00 p.m., Monday - Friday.

Sincerely,

A handwritten signature in black ink that reads "Doug Ledford BSED/CST".

Doug Ledford
Director, Surgical Technology

A drug screen and thorough criminal background check, at student's expense, may be required if accepted into the program. Any student not complying with this requirement may not be eligible to attend the program. Failing either may prevent attendance in the program due to clinical facility requirements.

Application Deadline:
May 1

SURGICAL TECHNOLOGY PROGRAM ADMISSION INFORMATION

STEP 1: **Apply** for admission, if not currently a student, to Chattanooga State Community College (TCAT Division).

STEP 2: **Submit** an official copy of your high school transcript or GED transcript to the Records Department at Chattanooga State.

STEP 3: **Request** official transcripts from all colleges attended be sent to the Records Department of Chattanooga State and request evaluation for transfer credit.

STEP 4: **Provide** proof of college level reading and math skills in **one** of the following ways:

- a. Score a minimum of 83 in reading, 38 in algebra on the COMPASS test
 - Receive a testing ticket from the Surgical Tech Office when you submit your application.
 - If you are not successful in meeting the minimum passing scores you must complete, with "C" or better, the developmental math and reading classes for the section failed.
- b. Provide transcripts showing completion of college level courses in math or reading
- c. Provide proof of ACT score of 19 or higher in math and reading (*good only until age 21*)

STEP 5: **Submit** the Surgical Technology application to the Surgical Tech office, HSC 1042, or mail to:

Surgical Technology
Chattanooga State Community College
4501 Amnicola Highway
Chattanooga, Tennessee 37406

Surgical Technology applications meeting **the above requirements will be reviewed** following the application deadline. The class is then selected and notified by letter.

****Please note:** Applicants will receive exemption from a portion of the class if the following courses are completed with the grade of "B" or better:

- a. *Anatomy & Physiology I & II* (*Biology 2010 & 2020 less than 5 years old.*)
OR
- b. *Introduction to Human Biology* (*Biology 1060 less than 5 years old.*)

If completed at a school other than Chattanooga State, an official college transcript should be submitted to the Chattanooga State Records Department for evaluation.

Complete applications do not guarantee acceptance into this program.
Our application and acceptance requirements are subject to change without notification.

Each applicant should possess personal qualifications which will permit the performance of required tasks in the surgical technology program.

Students accepted into the class will then need to submit a complete physical examination as directed by the director of the program. Applicants must be free of any physical or emotional condition that might adversely affect performance in any phase of the program.

A drug screen and thorough criminal background check, at student's expense, may be required if accepted into the program. Any student not complying with this requirement may not be eligible to attend the program. A failed background check may prevent attendance in the program due to clinical facility requirements.

- There are no pre-requisite classes for the program other than being at college level math and reading
- Applications are taken year round
- There is only one class per year, beginning in August
- The classes meet Mon-Fri. 7:45am-2:30pm, clinical sites 6:30am-2:00pm
- Class enrollment is limited to 24 students
- Financial aid is available for the program. You should contact the TCAT Financial Aid Counselor, Sandra Winters at (423) 697-3379
- No night classes are presently available
- The cost is very affordable and is broken down into 3 semesters
- All prospective students who reside in Tennessee are encouraged to apply for the Wilder-Naifeh Technical Skills Grant. Please see Sandra Winters for more information.

A drug screen and thorough criminal background check, at student's expense, may be required if accepted into the program. Any student not complying with this requirement may not be eligible to attend the program.

Surgical Technology

Accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)
35 East Wacker Dr., Suite 1970,
Chicago, IL 60601-2208
(312) 553-9355 FAX (312) 553-9616
Web address: (WWW.CAAHEP.ORG)

PLEASE RETAIN THIS INFORMATION FOR FUTURE REFERENCE

SURGICAL TECHNOLOGY PROGRAM
(Accredited through CAAHEP)
Chattanooga State Community College
4501 Amnicola Highway
Chattanooga, TN 37406

OFFICIAL USE ONLY

Date RECEIVED _____

REQUIREMENTS:

HS/GED _____ Math _____ Reading _____

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

MAILING
ADDRESS _____
(#) (STREET) (CITY) (STATE) (ZIP)

(SOCIAL SECURITY) (A# if applicable) (DATE OF BIRTH) (HOME PHONE)

(WORK PHONE) (CELL or OTHER PHONE) (E-MAIL ADDRESS)

EDUCATION: HIGH SCHOOL: _____ G.E.D _____
(YEAR GRADUATED) (YEAR)

Is it on file in the Records Department? _____

ADDITIONAL EDUCATION: _____

HAVE YOU ATTENDED ANY OTHER TENNESSEE COLLEGE OF APPLIED TECHNOLOGY IN THE LAST YEAR?

Yes No

If you answered yes to the above question, please list which technology center(s):

HAVE YOU EVER ATTENDED / OR APPLIED TO THIS ChSCC ST PROGRAM BEFORE?

Yes No If yes, when? _____

HOSPITAL EXPERIENCE: Describe any work experience or classes you have had in hospital related jobs:

EMPLOYMENT:

Are you presently employed? _____ Name of employer _____

Date of employment: _____ Type of work: _____

MEDICAL INFORMATION:Do you have a documented Latex allergy? _____ If so, to what grade is your allergy? _____
Please Notify in case of Emergency _____**If you are accepted in the Surgical Technology Program, you may be required to have a complete physical.
You may be required to pass an initial drug test and during each program semester a random drug test.**

Initial here _____

Why do you want to be a Surgical Technologist?*****
What are your long-range career goals?*****
Have you ever been charged or convicted of a crime, other than a minor traffic violation? Yes No
This includes DUI.**If yes, explain.**

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in my expulsion from this program. I hereby authorize Chattanooga State or other appropriate State investigative agencies to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I further authorize and request each former employer, person given as a reference, educational institution, or organization to provide all information that may be sought in connection with this application. I also understand that body tattoos must be covered while at any clinical facility in full, not interfering with the required surgical attire necessary to perform duties as a surgical technologist. I also affirm that body jewelry is not permitted at any clinical site at any time during the program training. I am aware that all local hospitals are now smoke-free. This includes employees as well as visitors.

(Date)

(Signature of Applicant)



Community College • 4501 Amnicola Highway • Chattanooga Tennessee 37406

**Tennessee College of Applied Technology
Transcript Request
Surgical Technology**

Applicant:

1. This form is provided for *your* convenience.
2. You should copy and send this request to your high school and all other colleges attended.
3. You *must* have an application on file with the college before requesting transcripts.

Registrar (or Principal)

Date: _____

Please send a complete transcript of my academic record to the following address:

Chattanooga State Community College
Attn: **Admissions/Records Office**
4501 Amnicola Highway
Chattanooga, TN 37406-1097

Note: Transcripts must include grades for final or last term attended.

Transcripts can be faxed with a **school cover sheet** to Chattanooga State **Records** at: (423) 697-4709

I last attended your school in _____. For identification purposes, the name under which I attended your school was _____. My birth date is _____. and my Social Security Number is _____.

If there is a charge for this service, please bill or contact me at the address below. Thank you.

Print Name _____

Signature _____

Name _____

Address _____

City/State/Zip _____ Phone _____