Conemaugh School for Surgical Technologists Application Checklist

To be interviewed for the Conemaugh Memorial Medical Center School of Surgical Technologists, you must complete **<u>all</u>** of the steps below.

1. **Complete and pass** at least two of the four prerequisite courses: Anatomy & Physiology I & II, Medical Microbiology with Lab, Introduction to Psych.

Do not proceed with application until you have completed step one.

2. Mail application to:

Conemaugh Memorial Medical Center School of Nursing & Allied Health Attn: Admissions, RM F104 1086 Franklin Street, Johnstown, PA 15905-4398

The following items must be received before an application is complete and an interview can be scheduled:

- _____ a. Application
- _____ b. Application fee: \$35 check or money order
- _____ c. Personal essay: "Why I am Choosing Surgical Technology as a Profession."
- d. Three letters of reference sealed and signed by reference across the envelope seal (should not be completed by a family member) -- *letters do not need to be sent with application, but must be received before an application can be processed.*
- _____ e. Official high school transcript sent to Conemaugh Memorial School of Surgical Technologists.
 - _____ f. Official college transcript(s) sent to
 - Conemaugh Memorial School of Surgical Technologists.
- **Please note:** If you are currently enrolled at the University of Pittsburgh at Johnstown, Conemaugh staff will request an unofficial transcript.
- **However**, official transcripts are necessary from any other secondary education institutions attended. If accepted into the program, once all prerequisities are completed you will be responsible to provide an official Pitt-Johnstown transcript to begin the program.





Application for Admission to the School of:

- *** Surgical Technology (must also apply to UPJ) \$35.00 payable to MMC
- Radiologic Technology \$35.00
- ____ Medical Technology \$35.00

__Histotechnology \$35.00 _ EMT-P (Paramedic) \$25.00

Please note the <u>non-refundable</u> application fee for the program you are applying for. <u>Application fees are</u> <u>payable at the time of application submission</u>. Please remit payment in the form of a check or money order. <u>Cash payments will not be accepted</u>.

(Please type or print)				
Name Last	First	Middle		Previous
Permanent Address		madio	Home Telephone	
	Street & Number	· · · · · · · · · · · · · · · · · · ·		Area code
City	State Zig	o Socia	I Security Number	
,			, <u> </u>	
If we can not reach you at the	e above phone, where may we	contact you:		
E-mail address:				
Person To Notify In Case of	Emergency:			
Name			Relationship	· · · · · · · · · · · · · · · · · · ·
Address			Telephone	
			Telephone Area c	ode
Military Status: Veteran ()Y	es ()No Reserve			
U.S. Citizen () Yes () N				
How did you learn about the	Allied Health Programs offered	at Conemaugh's Me	morial Medical Cent	ter?
	our decision to apply to Conem			
Family/friends	Alumni Tour of fac	llity Career	Fair Adv	ertisement
		ns representative	Other	
Have you ever been convicte	d** of any felony or misdemeand	or and/or do you curre	ntly have any crimin	al charges pending and
	YES ()NO If yes,			
	ed** of any crime associated wit			
	YES ()NO If yes, d			er
	ed** of any crime associated wit			
	YES ()NO If yes, d			er
Have you ever been convicte	ed** of a summary offense?			
	YES ()NO If yes, d	escribe in full on addi	tional sheet of nane	⊃r
	ent found guilt by a judge or jury			
verdict, disposition in lieu of t		,, ploadod gailty of h		
NOTE: This question does no	ot apply to convictions which hav	ve been expunded, se	aled, pardoned, or c	otherwise exonerated or
	ording will not necessarily be a b			
	of the school you are applying			· · · · · · · · · · · · · · · · · · ·
I certify that all the answers	I have given are complete and	accurate to the best	of my knowledge.	If admitted, I agree to
	tions of the Allied Health Schoo			

Signature: _____

Date: _____

The educational programs are committed to equal opportunity and do not discriminate against qualified persons on the basis of race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status or any other status legally protected by federal, state or local law.

Have you ever been accepted or attended another school or educational program? () Yes () No Have you previously applied for admission to this School? () Yes () No Are you prepared to meet the expenses of the program in this School? () Yes () No Will you be requesting available financial assistance? () Yes () No

Educational Experience –LIST ALL SCHOOLS ATTENDED

Secondary Education	Address	From	То	Diploma Received

Post secondary Education	Address	From	То	Credential Earned (Diploma, Certificate, Degree, # of Credits)
If program not completed state reason:	1		1	

If program not completed, state reason: _____

Have you ever taken college entrance examinations? () Yes () No Which one(s)? _____ Date(s) _____

**An official transcript from ALL SCHOOLS LISTED must be sent to the Program to which you are applying in order to complete the application process. It is the responsibility of the applicant to notify the school(s) and see that the transcripts are sent by the school(s) to the correct Program.

Employment: List all work experiences, both full-time and part-time, since high school, beginning with the most recent.

Employer	Address	Position	From	То

List names and addresses of three persons, <u>not relatives</u>, from whom you have requested references. (See program booklet for reference requirements).

Name	Address
Name	Address
Name	Address

On a separate sheet of paper, please hand write a brief essay describing your reasons for choosing this career field and attach it to this Application for Admission.

Applicant's Statement

The information I have supplied on this application is true and complete to the best of my knowledge. If accepted, I agree to abide by the rules of the Hospital and the School. I understand that this application will be considered complete only if all sections are filled in.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form relating to my application of admission may result in my denial of admission, or if admitted, my immediate dismissal.

Signature of Applicant

Date

Mail completed application to: Program Director

School of

(fill in choice) Memorial Medical Center 1086 Franklin Street Johnstown, Pennsylvania 15905-4398

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STUDENT REFERENCE FORM FOR ADMISSION TO THE SCHOOL OF:

Please check the applicable school

____ Surgical Technology

Radiologic Technology

Medical Technology Histotechnology

APPLICANT PLEASE COMPLETE THIS PAGE TO THE ==== LINE AND FORWARD THE FORM TO YOUR

REFERENCE (To assist your reference, please go to the back of this form and write the school you are applying to in the return address area.)

Name of Reference Address	
Telephone Number	
Name of Applicant	
Address	

APPLICANTS MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.

I hereby waive my right of access to the confidential evaluation provided by the person named above, and Α. he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature _____ Date _____

Β. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluations Is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature

Date

To the individual completing and submitting this reference:

The above named applicant has requested that you complete and submit a reference form on him/her as a candidate to a Conemaugh Memorial Medical Center School which is indicated above. To find out whether the reference will be confidential, see the choice made by the applicant in the waiver above.

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

- How long have you known the applicant? 1. In what capacity have you known the applicant ? 2. What is the applicant's major area of strength?
- What is the applicant's major area of weakness? 4.
- 5. In your own words, briefly discuss if the applicant would be able to adjust to the hospital environment.

Please check the box which best describes your evaluation of the applicant using the following guidelines:

- 4 -- Excellent
- 3 -- Average
- 2 -- Below Average
- 1 -- Unsatisfactory
- * -- Unable to Evaluate

TRAITS	4	3	2	1	*
INTERPERSONAL RELATION SKILLS (cooperative, tactful, assertive, leadership potential)					
CHARACTER (honest, trustworthy, dependable, responsible, reliable, ethical)					
COMMUNICATIONS SKILLS (articulate, clear, vocal, grammatical, responsive)					
INDUSTRY (diligent, prompt, aggressive, reliable, persistent, good organizer)					
JUDGEMENT (moral, realistic impartial, reasonable, open- minded, rational)					
KNOWLEDGE OF PROFESSION (opportunities, challenges, responsibilities)					
MATURITY (stability, self-awareness, responsive to criticism, self-disciplined)					
MOTIVATION (need to succeed, initiative, commitment)					
PERSONALITY (Patient, humorous, warm, cheerful, positive, confident)					
PERSONAL APPEARANCE (neat, clean appropriate)					
PSYCHOMOTOR SKILLS (agile, coordinated, dexterous)					

Comments: (May use additional paper if needed)

Signature of Reference

Date

PLEASE RETURN THIS REFERENCE FORM TO: Program Director School of Conemaugh Memorial Medical Center 1086 Franklin Street Johnstown, PA 15905