APPLICATION PACKET

APPLICATION DEADLINE: May 16, 2022

Applicant interviews will be held on Monday, May 30th
Applicants will be informed of their acceptance status by June 1st

Thank you for your interest in our Surgical Technology program.

This application packet includes: 1) essential job functions and additional information; 2) acknowledgement of program requirements; 3) the application form; 4) the professional recommendation form; and 5) scoring information. Please follow the instructions carefully.

Written notification of acceptance status will be emailed to applicants' official University email address (Dmail). A mandatory orientation for students accepted into the program will be held in August prior to the start of fall semester.

Each application must include the following components:

- Application form
- Receipt of non-refundable $50.00 application fee paid to the Cashier’s Office
- Signed “Essential Job Functions of Surgical Technologists” document
- Signed “Additional Applicant Information” document
- Signed “Acknowledgement of Program Requirements for Personal Effort and Commitment” document
- Two SEALED professional recommendation forms

Students are admitted into the program without discrimination in regards to race, color, ethnic background, national origin, religion, creed, age, lack of American citizenship, disability, status of veteran, or gender. Space in the program is limited; therefore, admission will be competitive, based on an objective point system that has been developed to predict student success. Points will be calculated and weighted from the admission criteria including: completion of prerequisite courses, grades in predictive courses, cumulative GPA, and professional references.

Prior to applying to the program, individuals should consider the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a full-time Surgical Technology student.

SUBMIT COMPLETED APPLICATION AND ALL ABOVE REQUIREMENTS TO:

Dixie State University
Rachel Stewart, Academic Advisor
Human Performance Center #339
225 S University Ave, St George, UT 84770

Questions can be directed to Rachel Stewart, Academic Advisor at 435.652.7695 or rachel.stewart@dixie.edu.
ESSENTIAL JOB FUNCTIONS OF SURGICAL TECHNOLOGISTS

The following is used as a guideline for the prospective student so that s/he may understand the requirements and essential job functions necessary for successful completion of the Surgical Technology Program. This list is not all-inclusive, but rather provides some detail of the basic requirements of the profession of surgical technology.

Please read and initial each item and sign below.

Surgical technologists must be able to:

- Stand, bend, stoop and/or sit for long periods of time in one location with minimal or no breaks.
- Bend, twist and lift a minimum of 50 pounds.
- Function without nourishment or restroom breaks for up to eight hours.
- Demonstrate sufficient visual ability to load a fine suture onto needles with or without corrective lenses and while wearing protective eyewear.
- Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
- Hear and understand muffled communication without visualization of the communicator’s mouth/lips and within 20 feet with significant background noise.
- Hear activation/warning signals on equipment.
- Detect odors sufficient to maintain environmental safety and patient needs.
- Manipulate instruments, supplies and equipment with speed, dexterity and exceptional eye-hand coordination.
- Ambulate/move around the surgical environment without assistive devices.

- Assist with, and/or lift, move, position and manipulate, with or without assistive devices, the patient who is unconscious.
- Communicate and understand fluent English both verbally and in writing.
- Be free of reportable communicable diseases and chemical abuse.
- Function without allergic reaction in an environment with substantial latex exposure.
- Demonstrate immunity to rubella, rubeola, tuberculosis, hepatitis B, varicella or be vaccinated against these and other diseases **including COVID-19** according to CDC guidelines and clinical site requirements.
- Possess short- and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies, and performing anticipation skills intraoperatively.
- Demonstrate the use of positive coping skills under stress.
- Demonstrate calm and effective responses, especially in emergency situations.
- Demonstrate effective interpersonal communication skills during interactions with patients, staff, and faculty members.
- Make appropriate judgment decisions in surgical patient care situations.

If the applicant is unable to perform any of the designated tasks, upon request, DSU will make reasonable accommodations if those accommodations do not constitute an undue hardship on the university and if those accommodations do not interfere with the performance of any essential job functions of a surgical technologist. Applicant signature below indicates that he/she is able to perform the essential job functions of a surgical technologist as indicated above.

Applicant Signature   Applicant Printed Name        Date
ADDITIONAL APPLICANT INFORMATION

Advance notice of the following program information and policies: Please read and initial each item and sign below. Please contact the Program Director if you have any questions.

___ I am over 18 years of age (required by clinical sites).

___ I understand that clinical rotations may require me to commute as far away as Cedar City, UT (approximately 50 miles) with a report time of 6:30 am.

___ I understand that the majority of jobs in surgical technology require an obligation to take emergency on-call rotations, which include nights, weekends, and holidays.

___ I understand that the University cannot guarantee surgical technology job placement in St. George or surrounding communities.

___ I understand that for surgical patient safety, a surgical technologist’s skin, arms, hands, and fingers must be intact to prevent transmission of blood borne pathogens from student to patient or from patient to student. This includes injury to cuticles. Fingernails must be healthy in addition to being natural, short, and free of any type of polish. The term “healthy” is used to indicate that fingernails must be intact and nail bed healed from damage due to artificial nails, and that fingernails cannot be rough, jagged, or bitten.

___ I understand that for surgical patient safety, surgical technologists must be free of any non-natural item on face, ears, neck, hands, or arms. This includes enhancement of any type to eyelashes (such as mascara, false eyelashes, extensions, etc.). This also includes but is not limited to pierced earrings, nose rings, eyebrow rings, wedding rings, and any item worn on wrist.

___ I understand that I may be asked to cover any visible tattoos.

___ Policy: Fatigue and Patient Safety
   The program is committed to surgical patient safety, so students are prohibited from working night shifts prior to assigned clinical days and must plan to get 7-8 hours of sleep the night before assigned clinical days. Fatigue due to sleep-deprivation contributes to an increased risk of medical errors and cannot be tolerated in the educational patient care setting.

___ Policy: Clinical No-Smoking
   To meet personal hygiene standards necessary in surgical patient care, students may not smoke or use tobacco products immediately prior to or during each assigned clinical rotation day.

By signing below, I attest that I have read and understand the information presented above prior to applying to the Surgical Technology Program. If accepted into the program, I agree to comply with these standards.

__________________________________________________
Applicant Signature

__________________________________________________
Applicant Printed Name

__________________________________________________
Date
ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT

The nature of the Dixie State University Surgical Technology Program, as with most college/university programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, laboratory, and clinical settings. Student success in the program is dependent upon the creation and maintenance of a collaborative, working partnership between students and faculty. The program faculty recognizes its responsibility as facilitators of your learning and is committed to helping you succeed in the program. However, it is important that you are aware of your responsibilities for your own learning while in this program.

As part of your application to the program, please read the following and sign below. Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a minimal study expectation of two hours of study per week for each credit enrolled. Most students spend more time than the minimal study expectation.

2. Due to the rigorous demands of the full-time surgical technology program, student employment should be approached with caution. This personal decision should be based on individual academic performance in courses, time required to prepare for courses and learn course content, clinical rotation schedules and travel, and personal health. Surgical patient safety requires that essential learning is never compromised. Schedules for class, lab, and clinical assignment cannot be arranged to accommodate personal work schedules.

3. Students are expected to be prepared for class, lab, and clinical. This may include extensive reading and completion of class preparation and other assignments prior to attendance.

4. Most students find that the surgical technology program is very different and much more difficult than past educational experiences. You will be exposed to in-depth, comprehensive surgical concepts and principles that may require more effort on your part to learn and understand. The surgical technology program is designed to ensure the quality of the program, to prepare you to pass your certification exam, and to help ensure that you become a safe and competent Surgical Technologist.

5. Students must demonstrate the ability to receive and apply constructive criticism.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Dixie State University’s Surgical Technology Program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.

__________________________________________________________________________________
Applicant Signature   Applicant Printed Name        Date
## 1. Personal Information

<table>
<thead>
<tr>
<th>DSU Student ID Number</th>
<th>Dmail</th>
<th>Preferred Name</th>
<th>Birthdate</th>
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<th>First Name</th>
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<tr>
<th>Cell Phone</th>
<th>Other Phone</th>
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## 2. Emergency Contact

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<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Primary Phone</th>
<th>Secondary Phone</th>
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## 3. Program Application Requirements

- I am a DSU student in good standing.
- OR
- I am a transfer student and have completed the DSU admissions process.
- I have enclosed a signed “Essential Job Functions of Surgical Technologists” document.
- I have included the $50.00 application fee receipt.
- I have enclosed a signed “Additional Applicant Information” document.
- I have enclosed two SEALED completed professional recommendation forms.

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**APPLICATION FOR ADMISSION**

**DEADLINE: MAY 16, 2022**

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**BE SURE TO KEEP COPIES OF ALL PAPERS YOU SUBMIT!**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

Initial: ______ I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

_______ I authorize the release of my academic records to the Surgical Technology Program Admissions Committee.

__________________________________________

Applicant Signature

__________________________________________

Date
TO THE APPLICANT: Please complete this area ONLY (please print)!

Applicant Name: ___________________________________________ Year: _______________
Dixie ID: __________________________________________________ Phone: ________________

“The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access to recommendations.”

The following signed statement indicates the applicant’s wish regarding this recommendation:

I waive ______ / do not waive ______ my right to see this form or any supplementary notes or letters pertaining to this reference form.

Applicant Signature: _________________________________________ Date: ________________

TO THE EVALUATOR:

You have been chosen as a professional reference for the applicant to one of the Dixie State University Health Sciences Programs. We are interested in your appraisal of the applicant’s abilities and potential for education in a rigorous training program. Circle the number that is most characteristic of the applicant. Make any additional comments that would be helpful in our evaluation. Seal this form in an envelope, sign your name across the flap, and return it to the applicant promptly.

1. Problem Solving: Ability to identify and solve problems.

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<tbody>
<tr>
<td>Very Poor</td>
<td>Satisfactory</td>
<td>Excellent</td>
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2. Sense of Responsibility: Ability to complete tasks, duties, and to honor commitments.

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<tbody>
<tr>
<td>Doesn’t complete; avoids responsibility</td>
<td>Satisfactorily completes; will accept responsibility</td>
<td>Always completes; accepts responsibility</td>
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3. Maturity: Conducts self in a mature, adult manner.

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<tbody>
<tr>
<td>Immature, childish</td>
<td>Average</td>
<td>Mature, adult behavior</td>
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4. Attitude: What type of attitude does applicant project toward life, school, job, etc.?

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<tr>
<td>Very negative</td>
<td>Average</td>
<td>Very positive</td>
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5. Anxiety Level: Ability to deal with stressful, anxiety-producing situations.

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<tbody>
<tr>
<td>Poor, ineffective</td>
<td>Average</td>
<td>Excellent</td>
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<tbody>
<tr>
<td>Uninspired</td>
<td>Average</td>
<td>Self-starter, hard worker</td>
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7. Appearance: Extent to which applicant’s standard of appearance is met.

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<tbody>
<tr>
<td>Untidy</td>
<td>Average</td>
<td>Well groomed</td>
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8. Confidence/Flexibility: Extent to which applicant accepts constructive critique and considers others’ points of view.

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<tbody>
<tr>
<td>Reluctant</td>
<td>Average</td>
<td>Responds effectively</td>
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9. Communication Skills: Ability to communicate with peers, co-workers, teachers, etc.

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<tbody>
<tr>
<td>Expresses self poorly</td>
<td>Average</td>
<td>Excellent expression</td>
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10. Integrity: Extent to which applicant displays an ethical code.

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<tbody>
<tr>
<td>Untruthful; blames others</td>
<td>Average</td>
<td>Always honest; admits errors</td>
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11. Interpersonal relationships: Ability to cooperate and get along with peers, employers, etc.

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<tbody>
<tr>
<td>Antagonist</td>
<td>Satisfactory</td>
<td>Good rapport with others</td>
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12. Absenteeism/Punctuality Record

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<tbody>
<tr>
<td>Frequently late or absent</td>
<td>Average</td>
<td>Rarely late or absent</td>
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**OVERALL RECOMMENDATION:**

- I highly recommend this applicant for the Surgical Technology Program.
- I recommend this applicant for the Surgical Technology Program.
- I do not recommend this applicant for the Surgical Technology Program.

**COMMENTS:** (Please print. Attach additional page(s) if necessary.)

**EVALUATOR INFORMATION:** (Please print.)

Name: ________________________________ Title: ________________________________

Phone: ______________________________ Length of time you have known applicant: ______________

- Current or former employer/supervisor
- Academic instructor

Signature: ______________________________ Date: ______________________________

Thank you for your participation. Please return this form to the applicant promptly in a sealed and signed envelope. This signature will be used to verify your original signature.