

2023-2024

Application for Admission

Indiana University Health

Surgical Technology Program

Complete all information below. After completing the application, email to tmyers@iuhealth.org, mail or bring to:
IU Health Methodist Hospital
Wile Hall-Room 629
ATTN: Surgical Technology Program Director
1812 N. Capitol Avenue
Indianapolis, IN 46202

General Information

Application Date	ID # (Last five digits of Social Security #) ___ --- ___ ___ ___			
First Name	MI	Last Name	Maiden Name	
Address		City	State	Zip
E-mail			Phone #	

Residency

Are you a United States Citizen or possess a Permanent Residence Card (Green Card)? <input type="checkbox"/> yes <input type="checkbox"/> no <i>Documentation may be required</i>

Educational Background

Education Level	Name of School	Dates Attended	Major Area(s) of Study	Certificate or Degree
High School		From To		
College		From To		
Vocational/Technical		From To		
Other		From To		

Note: Applications are not considered complete until we receive all application forms, and your official high school transcript. It is your responsibility to obtain official transcripts (*specifically, transcripts that are sent directly from your school to us*) and pay any fees associated with them. Allow enough time for processing.

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IU Health Employee
Hire Date _____ Site _____ Current Job Title _____ Check one: My job is <input type="checkbox"/> full time <input type="checkbox"/> part time _____ hours/week Write a brief description of your current job duties:
Non-IU Health Employment History
Hire Date _____ Employer _____ Current Job Title _____ <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed Write a brief description of your current job duties:
If you have had more than one job, please attach a resume indicating your employment. Include the name of the company, dates of employment, and your job/duties.
Prior Employment
Have you ever been employed by IU Health? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list the dates of employment _____ Have you ever been involuntarily terminated from any healthcare facility? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please complete the following: When _____ Where _____ Explanation:
Criminal History
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list all convictions and dates below, including all traffic violations. Conviction _____ County/State _____ Dates _____ Conviction _____ County/State _____ Dates _____ Note: Conviction means you were found guilty by a judge, jury, “no contest”, or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. A conviction will not automatically disqualify you from entering this program. IU Health policy will determine which convictions disqualify you from entering this program. Any misrepresentation may disqualify you from admission into this program.
If selected to participate in this program, your acceptance will be based upon your ability to successfully pass a criminal background check (at your own expense). Information on how to complete the background check will be provided in the acceptance packet.

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Please Read Carefully and Sign

It is a policy of Indiana University Health that equal educational opportunities be available to all without regard to race, color, gender, sexual orientation, religion, national origin, age, disability, or veteran status.

The receipt of this application does not imply that the applicant will be admitted into the education program. Each question should be answered in a complete and accurate manner since no action will be taken unless all questions are completed.

I certify the information in this application (and in any accompanying documents) is true and complete in all respects. If admitted into an education program, I understand any omission; false or misleading information in this application discovered any time during the admission process or after acceptance is initiated, may lead to my termination from the program.

I understand that consideration for admission into the program is contingent upon completing the application process, submitting all related forms by the required deadline, and successfully meeting all admissions requirements as listed in the individual program booklet.

I understand that upon acceptance into a program, IU Health will require a health assessment which may include, but is not limited to, a health history, immunization update, drug screening test and TB testing. I hereby consent to such examinations and understand that my acceptance is contingent upon successful completion of the process.

If accepted for enrollment in the education program, I agree to comply with established rules, policies and procedures of IU Health and as established in the individual program booklet and student handbook.

I understand that all accepted students must meet all requirements of the program and clinical facilities by the deadlines specified by the program for acceptance and throughout the entirety of the program. These requirements will be provided to accepted students and are subject to change as needed

Your typed legal name below qualifies as an electronic signature. Your typed name below shall have the same force and effect as your written signature.

Applicant's Signature _____ Date _____

All Applicants: How did you hear about the IU Health Surgical Technology program?

How did you hear about us? Please check all that apply. This will help us better reach our future students. Thanks for your input.

I heard about this program through:

☐ an IU Health employee

☐ a friend ☐ relative ☐ former student (check which one)

☐ My case manager or case coordinator At which organization? _____

☐ IU Health team member portal

☐ IU Health's website

☐ Other website Which one? _____

☐ Social media Which one? _____

☐ other (please explain): _____



Indiana University Health

Short Essay

Using the space below, list what you have done to investigate the profession of a surgical technologist.

Signature: _____