Indiana University Health

Surgical Technology Program
Health Sciences Education

Methodist Hospital

SURGICAL TECHNOLOGY PROGRAM

2020– 2021
Program Application Packet

IU Health Methodist Hospital
Health Sciences Education
1812 N. Capitol Ave. Room 629
Indianapolis, IN 46202

Directions regarding the Application Packet

1) Read the program booklet thoroughly to ensure that you qualify for the program.

2) **Make copies of all the forms!**
That way, if you make a mistake, you haven't ruined your forms.

3) For the application form:
Be sure to complete all three pages.

For the short essay:
Give a lot of thought to this—the selection committee reads this very carefully.

For the candidate reference forms:
Ask two people who know your work well (such as a supervisor or teacher) to complete the two reference forms. *Write only your name in the top line of these forms. Do not complete anything else on these forms. Ask those who fill out your reference forms to return them directly to the Program Director* (The address is on the forms.) Allow plenty of time for these to be completed and returned. IU Health reserves the right to contact your references to verify information on the forms.

Official transcript request:
You must submit an official high school or GED transcript either by mail, in person or electronically. You should also submit an official transcript from any college or other post-secondary training. Contact your school(s) to determine whether you need to submit a fee to obtain an official copy of your transcript. You are responsible to contact your school(s) to request the transcript and for paying any fees associated with obtaining these copies.
Note: Official transcripts are sent directly from the school to the Program Director either in a sealed envelope to the same address as your application (listed below) or e-mailed to tmyers@iuhealth.org.

4) ***To submit your application:***
Please be sure to complete everything. Send or bring in all forms, along with the non-refundable $30 application fee (waived for current IUH employees) (personal checks are **not** accepted) to:

IU Health Methodist Hospital
Wile Hall-Room 629
Attn: Surg. Tech. Program Director
1812 N. Capitol Avenue
Indianapolis, IN 46202

5) **Who to call with questions:**
For general questions regarding the application process or fees, call 317.962.5470. For specific questions about this program or its curriculum, contact the program director, Terry Myers, at 317.962.1864, or tmyers@iuhealth.org.

2020-2021
Application for Admission
Indiana University Health
Surgical Technology Program

Complete all information below, printing legibly. After you complete the application, mail or bring it and your non-refundable $30 processing fee to (waived for current IUH employees): **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)? ☐ yes ☐ no
Documentation may be required

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, $30 non-refundable application fee (waived for current IUH employees), and your official high school transcript or GED. **Make sure that you obtain an official copy of your transcript from every learning institution you list above.** 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.

IF PAYING WITH CASH, HAVE EXACT AMOUNT ***NO PERSONAL CHECKS ACCEPTED***

My $30 non-refundable fee is included via: ☐ Cash ☐ Money Order ☐ Cashiers Check ☐ MC ☐VISA ☐ DISCOVER

If paying by credit card, enter card # here ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

SEC Code #: This is the 3-digit number printed on the back of your card. ☐☐☐ Exp. Date ☐☐-☐☐

Name that Appears on this Card_____

Billing Address on this Credit Card_____

Phone number if different than applicant _____

Signature of Cardholder_____
I hereby authorize payment to IU Health in the amount of $30

Application for Admission

IU Health Employee

Hire Date _____Site_____

Current Job Title_____

Check one: My job is ☐ full time ☐ part time _____ hours/week

Write a brief description of your current job duties:

Non-IU Health Employment History

Hire Date_____Employer_____

Current Job Title_____ ☐ Homemaker ☐ 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? ☐ yes ☐ no If yes, please list the dates of employment _____

Have you ever been involuntarily **terminated** from **any** healthcare facility? ☐ yes ☐ no
If yes, please complete the following:

When_____Where_____
Explanation:

Criminal History

Have you ever been convicted of a crime? ☐ No ☐ 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.

Application for Admission

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.

Applicant's Signature_____Date_____

Applicant's Printed Name_____

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:
☐ Move Up Scholarship
☐ an IU Health employee
☐ a friend ☐ relative ☐ former student (check which one)
☐ My case manager or case coordinator At which organization? _____
☐ Pulse website
☐ 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: _____

Indiana University Health

CONFIDENTIAL Candidate Reference Form*

Applicant's Name_____↓(Applicant do not write below this line.)_____

Prepared by_____Relationship to Applicant_____

Preparer's Title_____Preparer's Employer_____

Preparer's Daytime Ph#_____Date Completed_____ **Preparer, please mail form to:**

Indiana University Health Methodist Hospital
Wile Hall – Room 629
Attn: Surgical Technology Program Director
1812 N. Capitol Ave.
Indianapolis, IN 46202

How to use the Rating Scale: Circle the rating that best applies to this applicant.

CONSISTENCY (Consider volume and accuracy of work regularly produced)	Inconsistent; little output; often of poor quality 0	Generally inconsistent; limited output, occasionally unacceptable quality 1	Generally consistent; average output of acceptable quality 2	Consistent; above average output of acceptable quality 3
ORGANIZATION (Consider volume arrangement of work area, use of filing systems and references)	Disorganized, often cannot locate materials 0	Occasionally disorganized, cannot locate materials quickly 1	Usually organized; locates most materials quickly 2	Organized; materials easily located by self and others 3
COOPERATION (Consider cooperation with associates and patients)	Uncooperative; unwilling to try new ideas 0	Reluctantly cooperative; hesitates to accept suggestions 1	Generally cooperative; usually willing to try new ideas 2	Exceedingly cooperative; unusually good team member 3
DEPENDABILITY (Consider amount of supervision required and application to work)	Unreliable and inattentive; needs frequent supervision 0	Occasionally unreliable and inattentive; needs routine supervision 1	Generally reliable and attentive; follows instructions independently 2	Reliable and attentive; needs little supervision; is very conscientious 3
PROCEDURAL KNOWLEDGE (Consider ability to understand and retain)	Limited knowledge; must be instructed repeatedly 0	Adequate knowledge; some repeated instructions needed 1	Average knowledge; retains well, occasionally asks questions 2	Knowledgeable; readily understands and retains 3
REACTION TO CRITICISM (Consider immediate and long-term reactions to constructive criticism)	Hostile 0	Indifferent 1	Generally receptive 2	Responsive; uses criticism to improve performance 3
INITIATIVE (Consider originality and resourcefulness)	Lacking; "gets by" 0	Marginal; works routinely; does only enjoyable tasks 1	Average; does obviously related tasks without urging 2	Substantial; above average interest and initiative 3
JUDGMENT (Consider ability to evaluate situations and make sound decisions)	Poor; often acts without obtaining facts 0	Occasionally questionable; influenced by opinions and feelings 1	Generally reliable; usually makes practical decisions 2	Reliable; considers facts and reaches sound conclusions 3
PUNCTUALITY (Consider frequency of lateness and number of absences)	Often late or absent 0	Occasionally late or absent 1	Seldom late or absent 2	Always punctual 3
PROFESSIONAL DEVELOPMENT (Consider independent attempts to gain career information)	Displays little or no interest in development opportunities 0	Occasionally displays interest in opportunities for development 1	Passively pursues development opportunities offered 2	Actively seeks out and pursues professional opportunities 3

IU Health reserves the right to contact the preparer to verify reference information

TOTAL POINTS (all columns) _____

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