Central Service Technician Program
Health Sciences Education

Indiana University Health

CENTRAL SERVICE TECHNICIAN PROGRAM
Application Packet
Directions for the Application Packet

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

2) Make copies of all the forms before completing.
   If a mistake is made, you will have an additional copy to complete.

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

   For the short essay:
   Give a lot of thought to this, the admission 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 Education Coordinator (the address is on the form.) 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.

   For the official transcript request form:
   Make as many copies as needed. You must submit official transcripts, whether you obtained a degree from the institution or not. Call ahead to our school(s) to determine whether you need to submit a fee to obtain an official copy of your transcript. You are responsible for paying any fees associated with obtaining these copies. Copy and complete as many transcript forms as needed, and mail them to the appropriate high school(s) attended. Note: Official transcripts are sent directly from the school to the Education Coordinator in a sealed envelope or via the web.

   If you have a HSE/GED, request that an official copy be mailed to the Education Coordinator.

4) To submit your application:
   Be sure to have completed everything. Send or bring all forms, along with the non-refundable $30 fee to:

   IU Health Methodist Hospital
   Wile Hall-Room 629
   Attn: Central Service Technician Education Coordinator
   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 education coordinator Lana Phillips at 317.962.8925 or lphillips@iuhealth.org.
Complete all information below, printing legibly. After you complete the application, mail or bring it with your non-refundable $30 processing fee to:

IU Health Methodist Hospital
Wile Hall-Room 629
ATTN: Central Service Technician Education Coordinator
1812 N. Capitol Avenue
Indianapolis, IN 46202

**Indicate which class you are applying for:**
- [ ] January-June afternoon class - 1:30pm to 4:00pm Tuesdays and Thursdays
- [ ] July-November morning class - 8:00am to 10:30am Tuesdays and Thursdays

### General Information

<table>
<thead>
<tr>
<th>Application Date</th>
<th>ID # (Last five digits of Social Security #)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td>Phone #</td>
<td>Alt. Phone #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description of your Employment

Are you an employee of Indiana University Health or a subsidiary corporation? If you answered **yes** to this, then complete the box marked **IU Health Employee** on the next page. If you answered **no** to this, then complete the box marked **Employment History** on the next page.

Based on prior work experience in sterile processing, do you wish to be considered exempt from the practical experience requirements of the program? **yes** **no** If “yes”, an experience verification form to be completed by your employer will be sent in the program acceptance packet.

### Educational Background

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Major Area(s) of Study</th>
<th>Certificate or Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td>From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td>From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational/Technical</td>
<td></td>
<td>From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Courses</td>
<td></td>
<td>From To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Applications are not considered complete until we receive all application forms, $30 non-refundable application fee, and your official transcripts. **Make sure that you obtain an official copy of your transcript.** This application packet includes a transcript request form. **If you have attended more than one institution (high school and HSE/GED), then make copies of that form before writing on it.** 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. Incomplete applications cannot be considered further. **If paying with cash, bring exact amount.** **No personal checks accepted.**

My $30 non-refundable fee is attached. **Cash** **Cashier’s Check** **Money Order** **MC** **VISA** **DISCOVER**

Credit Card Number:  

Name that Appears on this Card  

Billing Address on this Credit Card  3 Digit Security Code: 

“I hereby authorize payment to IU Health in the amount of $30” (on back of card)

Cardholder’s Signature  

Phone number (if different than applicant)
# Application for Admission

## IU Health Employee

<table>
<thead>
<tr>
<th>Hire Date</th>
<th>Current Job Title</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check one:** My job is  
- [ ] full time  
- [x] part time  hours/week

Write a brief description of your current job duties:

---

If you have had more than one job, please attach a resume indicating all of your employment. Include the name of the company, dates of employment, and your job/duties.

## Employment History (Non- IU Health Employee)

<table>
<thead>
<tr>
<th>Hire Date</th>
<th>Current Job Title</th>
<th>Employer</th>
<th>Homemaker</th>
<th>Currently unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### Background Check

**Have you ever been convicted of a crime?**  
- [ ] No  
- [x] Yes

If yes, please list all convictions and dates below, including all traffic violations.

<table>
<thead>
<tr>
<th>Conviction</th>
<th>County/State</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 you are selected to participate in this program, your acceptance will be based upon your ability to successfully pass a criminal background check. Information on how to complete the background check will be provided in the acceptance packet.
Application for Admission

Prior Employment

Have you ever been employed by Indiana University Health or one of its subsidiaries?  
☐ yes  ☐ no  
Have you ever been terminated involuntarily from any healthcare facility?  
☐ yes  ☐ no  
If Yes to either question, please explain:  
When _____________________________________ Where ____________________________  
If terminated, reason for termination:  

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 background check and 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 IU Health’s Central Service Technician 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 (check all that apply):

☐ a IU Health employee  
☐ a friend  ☐ relative  ☐ former student  
☐ my case manager or case coordinator  At which organization? ________________________________  
☐ Indianapolis Star  ☐ College Guide  
☐ IU Health Human Resource email or job description  
☐ Pulse website  
☐ IU Health website  
☐ Other website  Which one? ____________________________________________________________  
☐ Social media  Which one? ____________________________________________________________  
☐ other (please explain): ________________________________________________________________
Using the space below, describe what you have done to investigate the profession, and why you would like to pursue a career as a central service technician.
Request for Official Transcript

Date ____________________________

_________________________________________
Name of School

___________________________________
Street Address

_________________________________
City, State, Zip

Dear Registrar:

I, ______________________________hereby request that an official copy of my transcript be sent directly to:

(your current name)
Indiana University Health Methodist Hospital
Wile Hall-Room 629
ATTN: Central Service Technician Education Coordinator
1812 N. Capitol Avenue
Indianapolis, IN  46202

IU Health requires my transcripts for the purposes of further education. Therefore, your immediate cooperation is appreciated.

Name I attended under_____________________________________

My Student ID #__________________________________________
-or-
Birth Date________________________________________________
and
Last 4 digits of Social Security #_____________________________

Date degree was received (if applicable)_______________________

Type of degree (if applicable)_______________________________

Sincerely,
_______________________________________________________
Your Signature

TO THE SCHOOL:
Please forward this form with the requested transcript(s) to the above mentioned address.
**How to use the Rating Scale:** Circle the rating that best applies to this applicant.

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

**TOTAL POINTS**
### CONFIDENTIAL Candidate Reference Form*

**Applicant’s Name** ____________________________________________

**Prepared by** ________________________________________________

**Preparer’s Title** _____________________________________________

**Preparer’s Daytime Ph#** ____________ **Date Completed** ____________

**Preparer’s Employer** __________________________________________

**Relationship to Applicant** _____________________________________

**Preparer, please mail form to:**
Indiana University Health Methodist Hospital
Wile Hall – Room 629
Attn: Central Service Technician Education Coord.
1812 N. Capitol Avenue
Indianapolis, IN 46202

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Inconsistent; little output; often of poor quality</td>
</tr>
<tr>
<td>1</td>
<td>Generally inconsistent; limited output, occasionally unacceptable quality</td>
</tr>
<tr>
<td>2</td>
<td>Generally consistent; average output of acceptable quality</td>
</tr>
<tr>
<td>3</td>
<td>Consistent; above average output of acceptable quality</td>
</tr>
</tbody>
</table>

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

**TOTAL POINTS** ____________

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