

Central Service Technician Program  
Health Sciences Education



Indiana University Health

CENTRAL SERVICE TECHNICIAN PROGRAM  
Application Packet

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

## 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](mailto:lphillips@iuhealth.org).

# Application for Admission Indiana University Health Central Service Technician Program

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**

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

**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.  yes     no

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**

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 Courses		From To		

**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 \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

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## 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:

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)

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.

## Background Check

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 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

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## 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): \_\_\_\_\_



# Indiana University Health

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## Short Essay

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.

Signature\_\_\_\_\_Printed Name\_\_\_\_\_



# Indiana University Health

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## 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.**



# 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: Central Service Technician Education Coord.  
 1812 N. Capitol Avenue  
 Indianapolis, IN 46202

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

<b>CONSISTENCY</b> (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
<b>ORGANIZATION</b> (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
<b>COOPERATION</b> (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
<b>DEPENDABILITY</b> (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
<b>PROCEDURAL KNOWLEDGE</b> (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
<b>REACTION TO CRITICISM</b> (Consider immediate and long-term reactions to constructive criticism)	Hostile 0	Indifferent 1	Generally receptive 2	Responsive; uses criticism to improve performance 3
<b>INITIATIVE</b> (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
<b>JUDGEMENT</b> (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
<b>PUNCTUALITY</b> (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
<b>PROFESSIONAL DEVELOPMENT</b> (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

TOTAL POINTS \_\_\_\_\_

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

(all columns)





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