SURGICAL TECHNOLOGY INFORMATION SESSION FORM

Date: ___________________________

Admissions Office Personnel:

I, _______________________________________, Surgical Technology program applicant have met with the Chairperson or Clinical Coordinator of the Surgical Technology program and discussed the following:

- Admission process/criteria
- Curriculum and Clinical schedules
- Program costs
- Immunizations
- CPR for the professional rescuer/health care provider
- Background check and Drug screening
- Completion of general education coursework prior to program entry

Student Signature ________________________________  Student ID# __________________
(Signature validates discussion of and understanding of above bulleted items)

The above prospective Surgical Technology student has met with the Program Director or Clinical Coordinator of Surgical Technology to discuss the surgical technology program in detail. The student understands what his/her expectations will be while in the program and has had an opportunity to ask questions. He/She is now cleared to proceed with the application process for the surgical technology program.

____________________________________ (Signature)
Robin Keith
Program Director Surgical Technology
828-398-7892
robinbkeith@abtech.edu

OR

____________________________________ (Signature)
Daniel Stokoe
Clinical Coordinator Surgical Technology
828-398-7618
danieljstokoe@abtech.edu

IMPORTANT Message from the Admissions Team:

It is recommended that students schedule an Information Session with the Surgical Tech Program Director or the Clinical Coordinator as soon as possible in preparation for the upcoming spring 2015 application period February 2, 2015 – March 13, 2015.