



Application for admission to:
SURGICAL TECHNOLOGY

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health or you may obtain a copy from the Health Sciences Admission Office.

DATE STAMP HERE

(Office Use Only)

Application Date _____ / _____ / _____

PLEASE PRINT OR TYPE

Name in Full: _____
Last First Middle

Home Address: _____
Number & Street Apt. # County City State Zip

Home Phone: _____ Alternate Phone: _____

Social Security No.: _____ - _____ - _____ or Student ID: _____

ACC E-Mail: _____ Date of Birth: _____

It is the student's responsibility to:
Return this application to the Health Sciences Department at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Department at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: <http://www.austincc.edu/health/>.
Please Note: Students must keep mailing address current with the Health Sciences Department as well as the Admissions and Records Offices.

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Give information concerning college, university, vocational schools, allied health schools attended:

Name of Institution

City and State

Number of Credits Earned

You will be required to send one official transcript from all schools attended to the ACC Admissions and Records office and one copy of transcripts from all schools attended to the Surgical Technology office.

Below, please write a brief account of why you want to enter this career and this program.

Completion Checklist:

- All applicants must meet TSI (testing) requirements.
- All applicants must complete a mandatory Information Session. Submit a copy of the Verification Form with application.

All applicants must complete three (3) prerequisites with a “C” or better:

- BIOL 2404 Introduction to Anatomy & Physiology
- BIOL 2420 Introduction to Microbiology
- HPRS 1206 Medical Terminology

If these courses were taken at a school other than ACC, you **must** provide a copy of the transcript with your application.

All applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.
AND
 - Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.
AND
 - Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.
AND
 - Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.
AND
 - Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**
AND
 - Proof of Tetanus-Diphtheria vaccination within the last 10 years.
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Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Surgical Technology program.

Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

- Yes No If “No,” explain: _____
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This application may not reflect recent program changes. Please access the most up-to-date information on the Program’s webpage through the link at www.austincc.edu/health.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Surgical Technology program.

Signature of Applicant

Date