



**SURGICAL TECHNOLOGY
PRE-ADMISSION CONFERENCE VERIFICATION
FORM**

Applicant Name (please print) _____

Date of Viewing _____

By signing this form, I have viewed the Surgical Technology Pre Admission Conference Information Session online. I am aware of the following topics pertaining to admission to the Surgical Technology Program:

Program Accreditation
Program Description
Technical Standards
Additional Information
Curriculum Requirements
Clinical Sites
Admissions Requirements
Approximated Costs
Graduation Requirements
Conclusion

June 1 Date for Submission of all Application Materials

Two Items Required for Admission Consideration

- **Online Pre Admission Conference Verification Form**
- **Surgical Technology Application Form**

Applicant Signature: _____