

Vernon College Surgical Technology AAD Program Application

Please print in ink or type and complete entire document.

Name _____ Date _____
(Last) (First) (MI)

Social Security # _____ - _____ - _____ Telephone # _____

E-mail _____ Alternate # _____

Mailing Address _____
(Street or P.O. Box, City, State, and Zip)

Residence Address _____
(If different than mailing address)

High School _____
(Name and Address) (Yrs completed)

College _____
(Name and Address) (Yrs completed)

GED _____
(Name and Address) (Year Passed)

Have you ever attended a Surgical Technology Program? () Yes () No

If yes, where and what dates _____

Did you complete the program? () Yes (provide dates) () No (give reason below)

Have you ever attended a LVN/LPN or RN program? () Yes () No

If yes, where and what dates? _____

Did you complete the program? () Yes () No (give reason below)

If you received your training as a surgical technologist on the job, provide the dates and facility where the training occurred. _____

Employment History

Are you currently employed? () No () Yes If yes () full-time () part-time

Are you currently employed as a Surgical Technologist? () No () Yes

List your last three (3) employers with the most recent or current first

1. _____
(Name of Employer) (Dates of employment)

(Name of Supervisor) (Telephone Number)

2. _____
(Name of Employer) (Dates of employment)

(Name of Supervisor) (Telephone Number)

To qualify for admission into the AAD Program the applicant must have attended a non-CAAHEP accredited Surgical Technology Program or received training on the job before March 1, 2000.

Provide the college attended or facility where training occurred. Clinical credit cannot and will not be granted if this information cannot be verified.

(Name of College/Facility)

(Address)

(Phone Number)

(Dates attended or training occurred)

If previous college hours have been earned, it is the applicant's responsibility to ensure all transcripts from other institutions are transferred to Vernon College.
Please attach a copy of any degrees or certificates of completion to this application.
Curriculum vitae (CV) may be attached, but this application form must be completed as well.

I certify that the above statements are true and correct. I realize any false or misleading information contained in this application, may result in being denied entry into the program and/or dismissal from the program.

(Signature of Applicant)

(Date)

OPTIONAL INFORMATION: This information is NOT used in the admission process in any way. It is used only for delineated nondiscriminatory reporting to comply with Federal and State mandates. Therefore, the completion of these items is voluntary.

Date of Birth _____ Age _____ Height _____ Weight _____

Race: Caucasian _____ Black _____ Asian _____ Indian _____ Hispanic _____

Other _____

Male _____ Female _____

Return completed application packet to the Surgical Technology AAD Program, Attention Jeff Feix, 4105 Maplewood Avenue, Wichita Falls, Texas 76308.

Questions about this application? Call 940-696-8752, extension 3266

Please provide two (2) phone numbers on this application that you can be reached at or a message can be left. If your number changes during the application process, contact the program coordinator and advise of the new number.

Please provide a E-mail address also.

The mailing address provided in this application will be used for all letters of notification. Please ensure you have provided a full address including zip code.