

Supervisor's Experience Verification Form Page 2

To be completed by the Employer/Supervisor named in Section II.
 Return this form, after completing Section III and signing in front of a notary public, to the applicant named in Section I.

Section III---Work Experience Skills:

Please use the following legend to rate applicant in the Surgical Technologist Competencies listed:
E—exceeds standards consistently, **S**—satisfactorily meets standards consistently, **M**—minimally meets standards consistently, **N/A**—not applicable or no opportunity to evaluate.

<u>Competency Demonstrated</u>	<u>Rating—E, S, M, or N/A</u>
Utilizes standard precautions and demonstrates principles of asepsis in patient care	_____
Demonstrates direct patient care skills to include; taking vital signs and urinary catheterization	_____
Demonstrates ability to gather supplies, instrumentation, and equipment for assigned surgical procedures from surgeon's preference card with little or no assistance	_____
Demonstrates ability to prepare the operating room with proper furniture and equipment	_____
Demonstrates ability to create and maintain sterile field during assigned procedures	_____
Understands and practices sterile technique with little to no breaks in technique	_____
Performs surgical hand/arm scrub correctly (counted or timed acceptable)	_____
Demonstrates drying hands/arms, self-gowning/gloving correctly and within 1 ½ minutes	_____
Recognizes breaks in technique and demonstrates proper corrective action	_____
Performs pre-operative patient preparations correctly to include; proper positioning with patient protective devices, surgical skin prep, and patient transfer techniques	_____
Performs pre-operative tasks to include; counting sponges and instruments, gowning/gloving surgeon and assistant, assisting in draping, and passing off suction and cautery	_____
Performs intra-operative tasks to include: correctly passing instruments and supplies to the surgical team, anticipating needs of surgical team in a timely manner, and recognizing the appropriate time to count sponges and instruments when closing the surgical wound	_____
Performs post-operative tasks to include; applying surgical dressing, proper handling and transfer of contaminated instrumentation, and room preparation for the next surgical procedure	_____
Demonstrates an understanding of disinfection and sterilization standards for instrumentation	_____
Recognizes and demonstrates proper protocol for emergent patient conditions	_____
Uses critical thinking skills in preparing and performing job tasks	_____
Demonstrates personal behaviors necessary to function as a member of a team	_____
By signing below, you, the Supervisor, verify the information provided is true.	

 Signature of Supervisor (must be notarized) Date

 Printed Name

 Notary Public Signature (please stamp below this line) 20
 My Commission Expires

Supervisor's Surgical Case Verification Form

Vernon College

Surgical Technology Accelerated Alternative Delivery Program

INSTRUCTIONS:

1. Applicant will print clearly and complete Section I and sign the authorization.
2. Provide Employer/Supervisor with both pages of this signed document.
3. Employer/Supervisor will print clearly and complete Sections II & III and sign page 2.
4. Employer/Supervisor's signature must be notarized.

Section I--Employee's Information:

Last Name, First, Middle Initial

(Please Print)

Social Security Number

Daytime Phone Number

Authorization for Information:

The above named employee HEREBY AUTHORIZES you the Employer/Supervisor to furnish information concerning employment as a Surgical Technologist at your facility. The information requested will be used to determine eligibility of named employee for admission to the Vernon College Surgical Technology Accelerated Alternative Delivery Program. You are further authorized to provide to Vernon College, any additional information contained in the named employee's personnel file that may be requested concerning my employment and qualifications as a Surgical Technologist.

Signature of Employee

Date

Section II—Employer/Supervisor Information:

Supervisor's Name

(Please Print)

Facility's Name

Address

City

State

Zip Code

Supervisor's Job Title

Supervisor's Direct Telephone Number

Supervisor's E-Mail Address

Hours Worked Per Week

Employment Start Date

Employment Stop Date

Supervisor's Surgical Case Verification Form

To be completed by the Employer/Supervisor named in Section II.
Return this form, after completing Section III and signing in front of a notary public, to the applicant named in Section I.

Section III---Surgical Case Verification:

Please indicate the number of cases the applicant has functioned as the Surgical Technologist in the First Scrub Role in each specialty. Also include the beginning and ending date range that these cases were performed.

<u>Surgical Specialty Area</u>	<u>Number Cases 1st Scrub Role</u>	<u>Date Range</u>
GENERAL	_____	_____
OB/GYN	_____	_____
ORTHOPEDICS	_____	_____
GENITOURINARY	_____	_____
ENT	_____	_____

By signing below, you, the Supervisor, verify the information provided is true.

Signature of Supervisor (must be notarized) Date

Printed Name

Notary Public Signature (please stamp below this line) 20
My Commission Expires