Dear Surgical Technology Applicant:

Thank you for your interest in the Health Professions programs at Missoula College of the University of Montana. As you prepare your application for submission, there are a few items to consider. This application is for the program itself. If you are not already enrolled at the Missoula College, you must complete a separate application for college/university admission (http://admissions.umt.edu/admissions/missoula-college/).

The program application process is your opportunity to present yourself for consideration into the Surgical Technology program. Your application will be evaluated and ranked in two steps and multiple categories. Each step in the process has been carefully considered and is a valuable asset to the application as a whole. Please be aware that in evaluating each applicant, attention will be paid to how well the application directions have been followed. An applicant may lose points if the packet is not complete. The following categories have been established, each weighing equally:

**Step 1:**
- Program Application
- Cover Letter/Essay
- Professional References
- Work Experience
- Job Shadow
- Transcripts: GPA of required prerequisite courses.
  - A grade of C- will not be accepted.
  - All prerequisite courses may be taken a maximum of two times

**Step 2:**
- Personal Interviews will be conducted for the top 20 candidates. These interviews will be scheduled during the first week of December.

Applications must be received no later than Monday, October 1st, 2018 at 12:00 noon. We are eager to review your application and will provide feedback to you in a timely manner. However, please keep in mind we must wait until final grades are available at the end of fall semester in order to fully evaluate your transcript. If you have questions or concerns, please contact the Surgical Technology Program Director, Jill Davis, by phone at (406) 243-7876 or email at jill.davis@mso.umt.edu for further information.
Department of Health Professions
Surgical Technology Program

Pre-Program (Core) Requirements

Students may apply in the semester in which they are completing the prerequisites to the Surgical Technology program. Determination of program acceptance will be made after grades are received at the end of fall semester. Applicants will be notified of “official acceptance” after the first of the year.

Missoula Campus

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<thead>
<tr>
<th>CRN</th>
<th>COURSE TITLE</th>
<th>CREDIT</th>
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<tbody>
<tr>
<td>AHMS 144</td>
<td>Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>BIOH 201N/202N</td>
<td>Anatomy and Physiology I and Lab</td>
<td>4</td>
</tr>
<tr>
<td>CAPP 120 or pass Challenge Exam#</td>
<td>Introduction to Computers</td>
<td>3</td>
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<tr>
<td>M 105</td>
<td>Contemporary Math</td>
<td>3</td>
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<td>PSYX 100S</td>
<td>Introduction to Psychology**</td>
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<td>WRIT 101 or</td>
<td>College Writing I or</td>
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<td>WRIT 121</td>
<td>Introduction to Technical Writing</td>
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<td><strong>Total</strong></td>
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IMPORTANT NOTES:

- ** PSYX 100, Introduction to Psychology, may be completed as a prerequisite or once admitted to the program. It must be successfully completed by the end of spring semester.
- BIOH 201N, Anatomy and Physiology I, must be completed with a minimum grade of “B” (3.0). Online A&P courses will not transfer without prior approval.
- All other courses must be completed with a minimum grade of “C” (2.0). A “C -“ will not satisfy requirements.
- Students may take BIOH 211N, Anatomy and Physiology II, Lecture and BIOH 212N, lab during the first semester of the program.
- # To take the CAPP 120 Challenge Exam, please see https://mc.umt.edu/registration/challenge_reg.php

All prerequisite courses may be taken a maximum of two times. Consult with program if prerequisite courses were taken ten years (or more) ago.
Application Steps

1. **Obtain and complete** an application packet for the Surgical Technology program. Application packets are available on the Surgical Technology program website and from the Missoula College Health Professions home page [http://mc.umt.edu/health/applications/](http://mc.umt.edu/health/applications/).

2. **Schedule** an advising appointment with program advisor, Jill Davis, if you have not done so already.

3. **Review** the application requirements for Surgical Technology. Each health program is unique in its admission and acceptance requirements. Program requirements are also listed in the current University of Montana catalog in the Department of Health Professions. It is important to consult your advisor or program director if you have questions prior to applying.

4. **Compile** the requested material:

   - **Cover Letter:** Your cover letter is the most important part of your application. It introduces you to the selection committee and explains why you want to be accepted into the program. It is very important that your letter meets these requirements:
     a. The cover letter should be between 200 and 300 words, no longer than 1 page, printed in 12-point font, single-spaced, with one-inch margins.
     b. Introduction
     c. Why you are interested in the field of surgical technology?
     d. Personal characteristics that make you a good candidate
     e. Conclusion
   
   Please use a formal letter format, with complete thoughts and your signature. Include your current address and phone number.

   - **Application for Surgical Technology Program:** Please complete, sign and date.

   - **Job Shadow Form:** A maximum of four (4) hours should be allotted for observing a surgical technologist. Shadowing could have occurred in any facility and is not limited to Missoula. The required job shadow form is included in this application.

   - **Work Experience Form:** Please include both paid and volunteer work.

   - **Essay:** Research the profession for which you are applying.

     * **Essays should be a minimum of two pages (plus title and reference pages), printed in 12-point font and double-spaced with one-inch margins. The paper should cite three references and include the following:**
     a. Introduction
     b. The title of the profession for which you are applying
     c. The qualifications required
d. Personal characteristics necessary

e. Description of the working environment

f. Places of employment

g. Duties, roles and responsibilities

h. Requirements for certification

i. Definition of program accreditation

j. Hours typically worked

k. Physical demands

l. Conclusion

- **References** Included in this packet are three copies of the two-page Reference Form.

  a. **Please inform your references to use the Reference Form. Letters of reference are highly encouraged as well.**

  b. **You are required to sign the first page if you waive your rights to see the completed reference.**

  c. Provide the form and an envelope to each reference.

  d. Please provide three professional references. For example, this might include a current or past employer, supervisor, or college instructor (not family member, friend, pastor).

  e. Each reference form submitted must be in an envelope sealed by the referring party with their signature across the flap. Any evidence of tampering with the sealed reference will cause it to become void.

- **Transcripts, Evaluation of Transfer Courses and/or Waivers** --Please submit the following:

  a. “Official” transcripts from all colleges and universities attended outside of the University of Montana-Missoula, Missoula College, and Bitterroot College, if applicable.

  b. An “unofficial” transcript showing courses currently in progress, if applicable.

5. **Submit** the completed application by **Monday, October 1, 12:00 noon**. The application must be in a sealed 9 by 12 inch envelope with the following on the outside of the envelope:

   “Surgical Technology”, your name, address, phone#, and email address.

Submit to: Cyndi Stary, Administrative Associate
           Health Professions
           Missoula College – Room 441
           1205 East Broadway St.
           Missoula, MT  59802

**IMPORTANT NOTE:**
Each packet will be date-stamped upon receipt, and applicant contact information entered on a spreadsheet for further notification. It is the **applicant’s responsibility** to allow ample time for mailing, etc.
Selection Process

1. Applications will be read and evaluated by three committee members.

2. Selected applicants will receive notification of an predetermined interview date. Applicants will then choose from available time slots and filled on a first come, first served basis. These candidates will be required to participate in the interview process for final consideration for program selection.

3. The committee will then make their final selections for acceptance. The decisions from this committee are final. Surgical Technology faculty reserve the right to decline any applicant based on the application packet, interview process and readiness for the program. Currently, the program has more applicants than there are positions available. There is no waiting list, students compete with all who are applying to the Surgical Technology Program. Students not accepted into the program after two admission attempts should request advice from career counseling regarding their educational options.

4. **Final acceptance letters are sent out only after semester final grades are known.** (Usually the first week in January.) *Information regarding status will be communicated by University email unless applicant does not yet possess one and email from application will be used instead. Please do not call or email regarding your status.*

5. **Accepted** applicants must notify Cyndi Stary, HP Administrative Assistant, by email (with copy to Surgical Technology Program Director, Jill Davis) or telephone, of intent to ACCEPT OR DECLINE admission to the Surgical Technology program within ten (10) business days of receipt of the acceptance letter. **Failure to do so will result in another candidate being chosen to fill the space.** You are required to use your University e-mail for this and any other correspondence with the College faculty and staff.

6. Once you have notified the MC of your decision to accept a slot in the Surgical Technology Program, you must register for courses on Cyberbear immediately as classes will begin promptly. **If you have not registered, your place will not be saved.** If circumstances prevent you from attending, please notify Cyndi Stary, or the Surgical Technology Program Director, immediately, via e-mail, so an alternate candidate can be notified in a timely manner.

7. In the event you are not accepted into the program, you may schedule an advising appointment with Surgical Technology Program Faculty to discuss why and formulate a plan “B”.

**Campus Contact Information:**  
Cyndi Stary, Administrative Associate  
Health Professions  
Missoula College – Room 441  
1205 East Broadway St.  
Missoula, MT 59802  
cyndi.stary@mso.umt.edu / (406) 243-7846

**NOTE:** In order to ensure fairness to all applicants a spreadsheet with the dates of application, notifications, etc. will be maintained. Therefore, your timely response(s) are critically important in guaranteeing your place in the program. *We must have an accurate name, address and telephone number to ensure we reach you.*
This application is for students applying to the Surgical Technology program beginning January, 2019. You must have completed, or will complete by the end of fall semester, all prerequisite classes or their approved equivalent. This application must be legible. If you are not already enrolled at Missoula College, you must also complete an application for admission which is available at: http://admissions.umt.edu/admissions/missoula-college/

♦ Personal Information

Full Legal Name

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Previous Name(s)

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♦ Last four (4) digits of Social Security Number ________________ ♦ UM Student ID 790-________

♦ Veteran Status**: Non-veteran ☐ Veteran ☐

** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. “Veteran” is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

♦ Current mailing address: (If not permanent, enter date this address is valid through) _____________

Street / Apt# / PO Box __________________________

City____________________State_______Zip_______Phone (______) _____ - _______

♦ Permanent mailing address: (if same as above, check this box ☐ and skip to next item)

Street / Apt# / PO Box __________________________

City____________________State_______Zip_______Phone (______) _____ - _______

♦ UM Student E-mail address ____________________________________________@umontana.edu

(format: FirstName.LastName@umontana.edu; there may be a number after first name if others attending UM have same name.)

♦ Personal E-mail address ________________________________________________

Once admitted to the program, students will be required to have a criminal background check and an OIG review (Office of Inspector General). A drug screen may also be required. Healthcare agencies that are utilized for clinical and/or internship experiences require this evaluation. Students with positive checks and/or screenings will be denied clinical experience in the healthcare agency. If a student is denied agency access, there will be no placement at an alternate site, and the subsequent inability of the student to complete their clinical education will result in their inability to continue in the Surgical Technology program.

Date ___________________ Signature ___________________
You must have this form with you upon arrival to the facility or you will be asked to reschedule at a later date. Please be prepared!

Please complete this form in its entirety prior to leaving facility where your Job Shadow requirement takes place so questions you may have are answered. Maintain this form for inclusion in your application into the Surgical Technology Program. This exercise is intended cover a four (4) hour time span.

***Your application will be considered incomplete without the inclusion of this form.***

Please complete legibly.

Student Name: ________________________________________________________________

Date of observation: ____________________________________________________________

Facility where observation took place: ____________________________________________

Total number of hours of observation: ____________________________________________

Signature of Clinical Educator or individual placing you: ___________________________

Please fill out the following:

Type of Procedure: _____________________________________________________________

Surgeon: ___________________________________________________________________

Surgical Specialty: __________________________________________________________________

Technologist(s) involved: __________________________________________________________________

Gross anatomy (basic) involved in procedure taking place: ____________________________

For what reason was this procedure was taking place? _______________________________

______________________________________________________________________________

Did anything surprise you or take you off-guard in the operating room? Has this experience changed your thoughts about becoming a surgical technologist? Please briefly summarize your overall experience. ________________________________

______________________________________________________________________________

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______________________________________________________________________________
# Work Experience Form

## General Work Experience

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<th>Name and address of facility</th>
<th>Job Title</th>
<th>Job Responsibility</th>
<th>Dates Employed</th>
<th>Hours/Week</th>
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## Medical Work Experience (Paid or Voluntary)

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<th>Name and address of facility</th>
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8
Department of Health Professions
Surgical Technology Program

Reference Form

is applying to the Missoula College Department of
Health Professions Surgical Technology Program.

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If the applicant waives their right, the recommender’s response will not be shared with the applicant at any point.

As the applicant, I do waive my right to see this reference.

Applicant Signature ___________________________ Date ______________

If you wish to have a copy of your completed reference form, ask your recommender to provide you with a copy. Copies will not be provided to applicants by Missoula College.

Request to Recommender:
The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success.

- Your candid, honest responses to the questions we ask are important to all concerned. We ask therefore, that you take the time to consider each response carefully.
- And, we request your prompt attention as the applicant has a deadline to submit materials.

The applicant will provide an envelope for your reply.

- Please return the envelope to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the applicant.
- The applicant will then submit the sealed/signed envelope with other application materials.

Thank you.

Please provide the following information:

Date: ______________

Name and Title of Reference: ________________________________________________

Institution Name and Address: ________________________________________________

Phone Number (we may contact you further): __________________________________

How long have you known the applicant and in what capacity?
Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check “N/A.”

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<th>Top 10%</th>
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<td>Interacts well with co-workers, employers, others</td>
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<td>Exhibits qualities you would like to have in someone taking care of you</td>
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Additional Information:
Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

In order to help us evaluate this recommendation form, please answer the following:

The evaluation characteristics were clear and easy to rate  □ yes  □ no

This evaluation form allows a fair picture of the applicant  □ yes  □ no

The evaluation process took an acceptable amount of time  □ yes  □ no
Reference Form

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  Thank you.

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Date: ________________

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**Additional Information:**
Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

**In order to help us evaluate this recommendation form, please answer the following:**

- The evaluation characteristics were clear and easy to rate   □ yes   □ no
- This evaluation form allows a fair picture of the applicant □ yes   □ no
- The evaluation process took an acceptable amount of time □ yes   □ no
is applying to the Missoula College Department of Health Professions Surgical Technology Program.

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If the applicant waives their right, the recommender’s response will not be shared with the applicant at any point.

As the applicant, I do waive my right to see this reference.

Applicant Signature __________________________ Date ____________

If you wish to have a copy of your completed reference form, ask your recommender to provide you with a copy. Copies will not be provided to applicants by Missoula College.

Request to Recommender:
The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success.

• Your candid, honest responses to the questions we ask are important to all concerned. We ask therefore, that you take the time to consider each response carefully.

• And, we request your prompt attention as the applicant has a deadline to submit materials.

The applicant will provide an envelope for your reply.

• Please return the envelope to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the applicant.

• The applicant will then submit the sealed/signed envelope with other application materials.

Thank you.

Please provide the following information:

Date: ____________________

Name and Title of Reference: ________________________________________________

Institution Name and Address: ________________________________________________

______________________________________________

Phone Number (we may contact you further): ________________________________

How long have you known the applicant and in what capacity?
Name of Applicant: ____________________________  

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check “N/A.”

<table>
<thead>
<tr>
<th>Applicant Characteristics to be Evaluated:</th>
<th>Top 10%</th>
<th>Top 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Outstanding</td>
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<td>Above average</td>
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<td>Average</td>
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<td>Below Average</td>
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<td>Unknown</td>
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<td>Interacts well with co-workers, employers, others</td>
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<td>Effectively communicates orally</td>
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<td>Has clear written communication</td>
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<td>Is an effective team member</td>
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<td>Responds positively to criticism</td>
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<td>Is appropriately assertive</td>
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<td>Exhibits ethical behavior consistently</td>
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<td>Is self-motivated</td>
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<td>Displays initiative and creativity</td>
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<td>Prioritizes tasks appropriately</td>
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<td>Analyzes and solves problems</td>
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<td>Requests assistance appropriately</td>
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<td>Accomplishes tasks in a timely manner</td>
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<td>Is present when expected....reliable</td>
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<td>Is an effective team leader</td>
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<td>Interacts respectfully with diverse individuals</td>
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<td>Dress and personal care are appropriate</td>
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<td>Language is professional</td>
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<td>Demonstrates kindness and compassion</td>
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<td>Able to laugh at him/herself</td>
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<td>Able to function with safety for self and others</td>
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This evaluation form allows a fair picture of the applicant  □ yes  □ no

The evaluation process took an acceptable amount of time  □ yes  □ no
Application Checklist

Your complete application should contain the following:

☐ COVER LETTER

☐ PROGRAM APPLICATION FORM, completed, signed and dated

☐ WORK EXPERIENCE FORM

☐ ESSAY

☐ JOBSHADOW FORM

☐ REFERENCES (three references in envelopes with reference signature across sealed flap)

☐ TRANSCRIPTS

☐ Official transcript from ALL colleges/universities attended with only one exception: University of Montana campuses as follows:
  ▪ University of Montana-Missoula (4-yr Mountain campus)
  ▪ Missoula College (2-yr River campus)
  ▪ Bitterroot College (Hamilton campus)

  IMPORTANT NOTE: You must provide official transcripts for transfer coursework even if those courses appear on another college’s transcript.

☐ Unofficial Transcript of courses currently in progress, if any

All required documents should be sealed in a 9 x 12 inch envelope with the following information on the outside of the envelope.

✓ Program:
✓ Name:
✓ Address:
✓ Phone:
✓ E-mail:

Thank you for your interest in the Surgical Technology Program at Missoula College of the University of Montana.