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 Associate of Applied Science Degree in Surgical Technology.

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 (Form A)
  - The Missoula program has Outreach campuses in Butte and Billings. Please note your campus preference at the top left of Form A.
- Cover Letter/Essay
- References
- Work Experience
- Transcripts: GPA of required prerequisite courses will be determined. Grade of C- will not be accepted. All prerequisite courses may be taken a maximum of two times.
- Medical Requirement Form

**Step 2:**

- Interview process of application finalists. Date, time and place to be scheduled.

**Applications must be received by the October 3 deadline.** We are eager to read your application and will provide feedback to you in a timely manner. However, please keep in mind we must wait until grades are available at the end of fall semester in order to evaluate your transcript. If you have questions or concerns, please contact the Surgical Technology Program Director, Debbie Fillmore, by phone, (406) 243-7860 or email, debbie.fillmore@mso.umt.edu for further information.
2017 Application for Surgical Technology: Butte

This application is for students applying to the Surgical Technology program beginning January. 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, please include the form, Request for Transmittal of Application Materials, in your completed packet.

Personal Information

Full Legal Name

Last ___________________________________________________________________________

First __________________________________________________________________________

Middle _________________________________________________________________________

Previous Names(s)

Last ___________________________________________________________________________

First __________________________________________________________________________

Middle _________________________________________________________________________

Current Student ID _______-_____-_____-____- OR MC Student ID ________________________________

Permanent mailing address __________________________________________________________

City____________________________  State_________ Zip_________ Phone (______) ______-

Current mailing address __________________________________________________________

City____________________________  State_________ Zip_________ Phone (______) ______-

Current E-mail address ___________________________ Permanent 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__________________________________________

FORM A
Pre-Program Requirements

Students may apply in the semester in which they are completing prerequisites to the Surgical Technology program. Determination of program acceptance will be made after grades are received at the end of the semester and applications are evaluated.

Butte Campus

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td>CAPP 131</td>
<td>Basic MS Office</td>
<td>3</td>
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<tr>
<td>BIOH 201</td>
<td>Anatomy and Physiology I and Lab</td>
<td>4</td>
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<tr>
<td>WRIT 101</td>
<td>College Writing I</td>
<td>3</td>
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<td>M 121</td>
<td>College Algebra</td>
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<td>AHMS 144</td>
<td>Medical Terminology</td>
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<tr>
<td>PSYX 100</td>
<td>Introduction to Psychology*</td>
<td>3</td>
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<td>TOTAL CREDITS</td>
<td>16/19</td>
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</tbody>
</table>

PLEASE NOTE!

- *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 the spring semester.

- BIOH 201/202 Anatomy and Physiology I and lab must be completed with a grade of “B” (3.0). **Online A&P courses will not transfer without prior approval of course.**

- All other courses must be completed with a minimum grade of “C” (2.0). (A grade if C- will not satisfy requirements.)

- All prerequisite courses may be taken a maximum of two times. Consult with program if prerequisite courses were taken ten years (or more) ago.
Missoula College of the University of Montana  
Department of Health Professions  

Application Steps  

1. **Obtain** an application packet for the Surgical Technology program. Applications packets are available on the Health Professions website: [http://www.mc.umt.edu/health](http://www.mc.umt.edu/health)  
2. **Attend** an “Information Session” offered each semester. You will be notified of times, dates and location.  
3. **Review** the prerequisite requirements for Surgical Technology in the information packet or in the current University of Montana catalog in the Department of Health Professions. It is important to consult your campus advisor or program director if you have questions.  
4. **Compile** the requested material:  
   - **Cover letter** which introduces you to the committee, states the purpose, states why you want to be a Surgical Technologist and why you have chosen the MC program. Please use a formal letter format containing six essential parts: heading, inside address, salutation (to “Selection Committee”), body, closing and signature. This letter should be one page in length and should include your signature and a current address and phone number.  
   - **Form A – Application for Surgical Technology program**: signed and dated with campus preference selected.  
   - **Form B - Work Experience**: Please include volunteer work or job shadow experiences.  
   - **Essay**: research the profession for which you are applying.  
     
     Essays should be a minimum of two 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. Please inform your references to use the Reference Form and not letters of reference. You are required to sign the first page if you waive your rights to see the completed reference. Provide the form and an envelope to your reference. (Please use three professional references.) Each reference form submitted by you must be in the 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 READ CAREFULLY!
If you are currently or have been a student at MT Tech/Highlands College in the last two years:

a. Submit only official transcripts from all colleges and universities attended outside of the Montana University System (MUS), if applicable
b. Submit an unofficial transcript of prerequisite courses completed or currently in progress
c. Include the: Request for Transmittal of Application Materials form – the $8 fee is waived. This will transfer your application files and transcripts from MT Tech Highlands College to MC
d. Include the: Authorization for Disclosure of Confidential Information to allow the committee to obtain grades for courses currently in progress at time of application

If you have NOT been a student at MT Tech Highlands College in the last two years:

a. Submit official transcripts from all colleges and universities attended
b. Submit an unofficial transcript of any courses currently in progress
c. Include the: Authorization for Disclosure of Confidential Information to obtain grades for future courses in the program taken at Highlands College while in the Missoula College UM program
d. Submit: A Missoula College UM application found at: https://app.applyyourself.com/AYApplicantLogin/fl_ApplicantConnectLogin.asp?id=umontana

5. Medical Requirement Form. You must complete and submit this form with your application. You may find it at the following site: http://www.umt.edu/curry-health-center/Docs-General/Medical%20Requirement%20Form_Feb%202015.pdf

6. Submit the completed application by October 1. The application must be in a sealed 9” by 12” envelope with “Surgical Technology-Butte”, your name, address, phone and email on the outside of the envelope. Please submit to:

Maryann Dunbar, Health Professions Administrative Associate
Missoula College
909 South Avenue West
Missoula, MT 59801

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.
# Work Experience Form

## General Work Experience

<table>
<thead>
<tr>
<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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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 reference to provide you with a copy. Copies will not be provided to applicants by the Missoula College.

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The applicant will provide an envelope for your reply. Please return it 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 candidate. The applicant will then submit the envelope with other application materials. We request your prompt attention as the applicant has a deadline to submit materials. Thank You.

Please provide us with 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.”

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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
Missoula College of the University of Montana  
Department of Health Professions

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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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<tr>
<td>Able to laugh at him/herself</td>
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<tr>
<td>Able to function with safety for self and others</td>
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<tr>
<td>Exhibits qualities you would like to have in someone taking care of you</td>
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</table>

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
Selection Process

Step 1:
1. Applications will be read by three individuals and ranked. After all applications have been evaluated, applicants will be notified regardless of acceptance status. **Acceptance letters are sent out only after semester final grades are known. Information regarding status will only be communicated by letter and will not be given by the telephone or email. Please do not call or email regarding your status.**

Step 2:
2. Selected applicants will receive notification of an interview time. These candidates will be required to participate in the interview process for final consideration for program selection.

Final 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.
4. **Acceptance letters are sent out only after semester final grades are known.** (Usually the first week in January.) **Information regarding status will only be communicated by letter and will not be given by the telephone or email. Please do not call or email regarding your status.**
5. **Accepted** applicants must notify **Maryann Dunbar, HP Administrative Assistant**, (by mail, email or phone), 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 opening.** Six students are selected on the Butte campus.

**Campus Contact Information:**

Maryann Dunbar, Health Professions Administrative Assistant  
Missoula College  
909 South Avenue West  
Missoula, MT 59801  
maryann.dunbar@mso.umt.edu  
(406) 243-7868

**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.**
Application Checklist

Your complete application should contain the following:

- **Cover Letter**
- **Form A**: Program Application Form, completed, signed and dated, campus selected
- **Form B**: Work Experience Form

**Transcripts: MT Tech/Highlands College Students:**

- Official transcripts from all colleges attended outside of the Montana University System
- Unofficial transcript of courses currently in progress
- **Form**: Request for Transmittal of Application Materials – the $8 fee is waived (page 15 & 16 below)
- **Form**: Authorization for Disclosure of Confidential Information to allow the committee to obtain grades for courses currently in progress at time of application, signed and dated (page 17 below)

**OR Transcripts and Application: non-MT Tech Students:**

- Official transcripts from all colleges attended
- Unofficial transcript of courses currently in progress, if any
- **Form**: Authorization for Disclosure of Confidential Information to obtain grades for future courses taken at Highlands College while in the Missoula College UM program, signed and dated (page 17 below)
- A Missoula College application found online at: [https://app.applyyourself.com/AAYApplicantLogin/fl_ApplicantConnectLogin.asp?id=umontana](https://app.applyyourself.com/AAYApplicantLogin/fl_ApplicantConnectLogin.asp?id=umontana)

- **Essay**
- **References** (three references in envelopes with reference signature across sealed flap)

- **Completed Medical Requirement Form** including any immunization records

- **All information should be sealed in 9” by 12” envelope with program, city and all applicant contact information indicated on the outside of the envelope.**

  - Program and City: _________________
  - Name: ____________________________
  - Address: __________________________
  - Phone: ____________________________
  - E-mail: ____________________________
# Request for Transmittal of Application Materials

Provide the information below, print the form, sign it, and return the completed, signed form to the Office of The Registrar at your current school. A fee of $8.00 is due at the time of submission.

If you have never attended an institution in the Montana State University System, you may not use this form; you must complete and submit an Application for Admission.

<table>
<thead>
<tr>
<th>Student ID# or SSN</th>
<th>Student Name (Last, First Middle)</th>
<th>Previous Name/NAMES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State in which you claim residency:</th>
<th>How long have you lived in the state of your residency:</th>
<th>Are you registered to vote in Montana:</th>
<th>Have you been outside Montana more than 30 days in the last 12 months:</th>
<th>Year of most recent Montana Tax Return:</th>
</tr>
</thead>
</table>

- In order for the Registrar's Office to transfer your admissions and enrollment files to the correct Montana State University System institution, you must provide the following information:

  **Name of Institution to receive files:**

  **Location:**

  **Expected Term of Enrollment:**

  **Desired Major:**

- Have you been convicted of a felony?  Yes  No

- Have you been institutionalized for threatening or causing physical or emotional injury to self, others, or property?  Yes  No

- Have you been dismissed and/or suspended for academic or disciplinary reasons?  Yes  No

  If “Yes,” please explain:

<p>| List all post-secondary institutions attended, specifying campus and dates of enrollment |
|-----------------------------------------------|----------|--------|--------|</p>
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>From (mm/yy)</th>
<th>To (mm/yy)</th>
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</thead>
</table>

I understand that, by signing this transmittal request, I am authorizing the sending institution to include any information that is relevant to the admissions decision and is part of my admissions file in the Montana State University System.

**Applicant's Signature**  **Date**
### Participating Montana University System Institutions

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
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</table>
| Dawson Community College | Admissions Office  
300 College Dr.  
Glen Rose, MT 59330 |
| Montana State University - Northern | Admissions Office  
P.O. Box 7751  
Havre, MT 59501 |
| Flathead Valley Community College | Admissions Office  
777 Grandview Dr.  
Kalispell, MT 59901 |
| Montana Tech of the University of Montana | Admissions Office  
1300 West Park St.  
Butte, MT 59702-8997 |
| Miles Community College | Admissions Office  
2715 Dickinson  
Miles City, MT 59301 |
| Montana Tech of the U of M College of Technology | Admissions Office  
1300 West Park St.  
Butte, MT 59702-8997 |
| Montana State University - Billings | Admissions Office  
1500 University Dr.  
Billings, MT 59101 |
| University of Montana | Enrollment Services & Admissions  
Lommasson Center  
Missoula, MT 59812 |
| Montana State University - Billings College of Technology | New Student Services  
3933 Central Ave.  
Billings, MT 59102 |
| University of Montana - Missoula College of Technology | Enrollment Services & Admissions  
909 South Ave. West  
Missoula, MT 59801-7190 |
| Montana State University - Bozeman | Office of the Registrar  
P.O. Box 172660  
Bozeman, MT 59717-2660 |
| University of Montana - Helena College of Technology | Admissions Office  
1115 North Roberts  
Helena, MT 59601 |
| Montana State University - Great Falls College of Technology | Admissions Office  
2100 16th Ave. South  
Great Falls, MT 59405 |
| University of Montana - Western | Admissions Office  
710 South Atlantic  
Dillon, MT 59725 |

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**Office Official Only:** I hereby certify this record is complete. All documents relevant to admission at our institution have been transferred to you in full.

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**Signature of the Registrar**

**Date**

April 2006 - MSC Bozeman - Office of the Registrar

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Authorization for Disclosure of Confidential Information

I hereby authorize Montana Tech to allow access to the following confidential information to:

The Missoula College UM
 c/o Maryann Robison, Health Professions Administrative Associate
 909 South Ave. W.
  Missoula, MT  59801

✓ Any and all information relating to my academic and other records at Montana Tech, including:
 ✓ Application file
 ✓ Immunization records
 ✓ Grade information, both midterm and final, past transcripts and transcripts for the next two years.

If person(s) named above are not your parent(s), what is their relation to you?

Transfer school _______

The released information will be used for the purpose of:

Application to the Missoula College UM Surgical Technology Program
 and, if accepted, transcripts towards completion of AAS degree.

I understand that by signing this authorization that I am waiving my rights of nondisclosure of these records under federal law only to the persons/entities specifically. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student ID (MT Tech)  Student’s name (please print)

Date  Student’s signature