



3325 Shawnee Road, Lima, OH 45806

Thank you for expressing interest in the Surgical Technology program at Apollo.

Each September we start the application process for students to come into our class, which is ten months in length. The program begins the first week of September and completes in the middle of June. **There are three requirements that all applicants must meet before they are accepted into the program.**

- All applicants are required to take *and successfully pass* the HESI (Health Education Systems, Inc.) exam.
- After successfully passing the HESI exam, applicants will have an interview with the program coordinator. If the results of the interview are positive, applicants will proceed to the final pre-entrance requirement.
- Lastly, applicants are required to take and pass Work Keys, a Health Careers Assessment test.

After successfully completing these three steps, applicants are accepted into the program for the coming year.

If you are interested in the program, please begin the application process upon the receipt of these materials. We encourage you to complete the application process as soon as possible to determine whether you are accepted into the Surgical Technology Program. If it should happen that you are accepted, but are placed on a waiting list, please understand that changes do occur and you will be notified when an opening develops.

Again, thank you for your interest in our program.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Cook RN".

Barbara Cook, RN, BSN, CNOR
Surgical Technology Coordinator/Instructor

Admission Policy

It is the policy of Apollo Career Center that education activities, employment, practices, programs, and services are offered without regard to race, color, national origin, sex, religion, age or disability.

The admission policy of the Surgical Technology Program assists the Admission Committee to select candidates who will be successful in the program.

The following is the procedure for being accepted as a candidate for the Surgical Technology Program.

1. Request an application packet. The packet contains an application, work and personal reference forms, a request form for high school transcripts, our drug screening and admission policies, and a release form.
2. Return the application, the signed release form for the admission and drug screen policies, and the application fee of \$30 to Apollo Career Center. Applications are reviewed on a first-come, first served basis. There is **NO REFUND** of fees paid in the admission procedure.
3. Request and submit an **OFFICIAL** copy of your high school or equivalency transcript. Those candidates who are in high school at the time of acceptance are tentatively accepted pending receipt and review of the final high school transcript. To obtain high school transcripts, submit the form included in the application packet. To obtain a GED, complete a transcript form from the Ohio Department of Education, along with any required fee. If you obtained a GED in another state, request a transcript from an appropriate agency.
4. Required references: Two (2) positive personal references from persons **NOT RELATED** to the applicant and one (1) positive work reference from the current or most recent employer are required. **THE PERSON GIVING THE REFERENCE MUST MAIL references to Apollo. Do not have them faxed to the school. REFERENCES WILL NOT BE ACCEPTED FROM THE APPLICANT. The applicant does NOT have the right to review these confidential materials.**

****Summary of Criteria for Being Scheduled for the Pre-Entrance Test:**

When ALL of the following items have been submitted to Apollo, you will be notified of a test date:

- Application
- Application fee
- High School Transcript or Transcript of Equivalency
- 2 Positive Personal References
- 1 Positive Work Reference
- 1 Signed release form of the Admission and Drug Screening Policies.

5. Applicant must take the HESI. There is a \$35 fee for the test. Areas of testing are math, grammar and reading comprehension. If the applicant is unsuccessful after two attempts, documentation of successful remedial work must be submitted before the third and final test can be schedule. (There is a \$35 fee for each test date.) The program coordinator will contact the applicant to schedule a date for testing.

6. If applicant successfully passes the HESI, they will be scheduled for an admission interview.

7. Following the interview, the applicant is required to take Work Keys, which again tests reading and math skills. This test is designed to show an aptitude for Surgical Technology. Applicants must also pass Work Keys prior to acceptance for the Surgical Technology Program. There is no out of pocket fee as the cost is included in the first period tuition payment.

8. The applicant is informed in writing of the decision of the Admission Committee. The decision is based on high school grades or equivalency scores, positive references, interview, and HESI and Work Keys results.
9. The applicant is required to have a physical examination, at his/her own expense, prior to starting the Surgical Technology Program. Included will be required diagnostic screening, as well as proof of immunity to identified communicable disease. The applicant must be determined to meet the following demands to safely and accurately carry out the surgical technology duties. These include, but are not limited to:
 - Full range of motion of motion of body joints.
 - Ability to stoop, bend, reach, pull and push
 - Fine motor ability and visual acuity in order to accurately manipulate needles and sutures finer than a human hair
 - Good peripheral vision
 - Ability to stand unassisted for eight continuous hours during a surgical procedure.
 - Ability to move objects weighing up to 60 pounds on a daily basis
 - Ability to maintain composure / adapt under high stress situations
 - Adequate skin integrity-without the presence of open, weeping lesions of the skin.
 - No confirmed latex allergy.**
10. The applicant is required to obtain certification in Basic Cardiac Life Support (Health Care Provider CPR) prior to starting clinicals in the Surgical Technology Program.
11. Presently, students are not required by Apollo Career Center to have background checks. However, students may be required to have a background check before starting clinical rotations by any of the healthcare facilities that are used as a clinical site. If, due to the results of the background check, a student is not permitted to attend clinicals at that site, they may be dismissed from the program on the basis of not being to meet the clinical hours requirement of the program. Applicants need to be aware that most employers now perform background checks before hiring new employees and certain disqualifiers, such as a felony, will prohibit them from finding employment in their chosen profession upon graduation.

APOLLO ACADEMY OF MEDICAL CAREERS DRUG SCREENING POLICY

Students enrolled in any Apollo Career Center Health Careers Program may be required to test negative for a 9 or 10 panel urine drug screening test prior to entering clinical practice environments. All test results, positive or negative, will be sent to the appropriate program manager. In the event of a diluted or positive result, students will not be permitted into the clinical setting. **Costs for the testing will be the responsibility of the student.**

In the event of a diluted or positive test result the student may refute the results by:

1. Providing the appropriate program manager verification of prescribed medications that may result in a positive result.
2. Retest at student's own expense; and provide the results of the second test, whether negative or positive to the appropriate program manager.

If the second result is negative and not diluted, the student will be permitted in the clinical setting and as long as this meets institutional policy.

Students testing positive on the second test:

1. Will not be permitted into the clinical practice environments and may be dismissed from the program as per specific program policies.
2. The student may re-apply for admission into a program but must first provide appropriate documentation from a certified drug/alcohol counselor indicating the students' readiness to reapply to Health Careers Program along with prognosis for a full recovery.

Any instructor or manager of a Health Careers Program may request a drug screen given reasonable cause. If in the clinical setting, the clinical instructors will follow that institution's policy.

Note: Any student seeking admission into a Health Career Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will automatically lose their eligibility to be admitted into class or put on the roster.

Any current student enrolled in a Health Careers Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will be subject to disciplinary action which may include dismissal from the program.

APPLICATION – Surgical Technology

**Apollo Career Center
3325 Shawnee Road
Lima, OH 45806-1497**

Complete and return form to Apollo Career Center. Application fee of \$30 is to be submitted with the application. DO NOT put cash in the mail. Check or money order should be payable to Apollo Career Center. **Applications are accepted between September 1 and May 1 and are kept on file three (3) years from date of receipt.**

Date _____

A. Identification

1. Name if full _____
(Last) (First) (Middle) (Maiden)

2. Mailing Address _____
(Number / Street / PO Box/ or RR) (City) (State) (Zip)

3. Email Address _____

4. Phone _____

5. Social Security Number _____

B. Education

1. Are you a high school graduate? YES NO WILL BE on _____

- If yes, list name and address of the high school from which you graduated & date of graduation.

(Name) (Address) (Date)

- If no, do you have a GED certificate? YES NO

If yes, List name and address of the school from which you received your certificate & date of certificate.

(Name) (Address) (Date)

2. List any other school(s) that you have attended since high school.

| School Name | Address | Date Attended | Area of Study |
|-------------|---------|---------------|---------------|
| | | | |
| | | | |
| | | | |

Admission Policy Release

Read the following BEFORE you sign. Your signature will indicate that you have read and understand.

If you do not understand, please ask for an explanation BEFORE you sign.

I, _____, understand that:

- This is only an application and does NOT assure me of enrollment into the school.
- All factors of the entrance requirements are reviewed by an Admission Committee and I will accept the decision of the admission committee
- If I am enrolled the school has the right to ask for my resignation at any time, if I fail scholastically, or do not meet the other standards of the program.
- I have read and understand the requirements of the admission policy.
- The Surgical Technology Program is a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited program. This means that upon successful completion of the program, you are eligible to take the national certification exam for surgical technologists. Although, all employers do not require certification, in most cases it is preferable.

I, _____, have read and understand what is required of me to become a candidate for the Surgical Technology Program and hereby give the Faculty of Apollo Career Center permission to review my application materials for the purpose of determining my acceptability as a candidate for the Surgical Technology Program.

(Signature of Applicant)

(Date)

(Signature of Surgical Technology Program Coordinator)

(Date)

Drug screening policy release

I have read and understand the drug screening policy.

Name (please print) Date

Signature

Request for High School Transcript

Please send an official transcript to:

Apollo Career Center
Surgical Technology
3325 Shawnee Road
Lima, OH 45806-1497

For:

Applicant's Name _____

Year of Graduation _____

Name at Time of Graduation _____

School from which graduated: _____

(Signature)

(Phone #)

(Date)

Apollo Career Center
Surgical Technology
3325 Shawnee Road
Lima, OH 45806-1497
FAX—419-998-2994
WORK REFERENCE

I, _____, give my permission to the business/institution/person identified below as a work reference to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: _____ Date _____

Name of Business/Institution: _____

Mailing Address _____

The above mention person has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the surgical technology program.

Employed as _____ from _____ to _____
(position)

Reason for leaving (if not presently employed) _____

Personal appearance: _____

Work Attitudes: _____

Physical & Emotional health: _____

Punctuality & Reliability: _____

If given the opportunity, would you re-hire this individual? YES NO

Comments:

Signature: _____

Position: _____ Phone #: _____

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PERSONAL REFERENCE

I, _____, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: _____ Date _____

Name of Personal Reference: _____

Address _____
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)

 The following information will be used to determine acceptability for the surgical technology program. Your assistance is appreciated.

How would you rate the individual on the following traits?

| | Excellent | Good | Fair | Poor |
|--------------|------------------|-------------|-------------|-------------|
| Cooperation | | | | |
| Tact | | | | |
| Dependable | | | | |
| Punctual | | | | |
| Honesty | | | | |
| Integrity | | | | |
| Initiative | | | | |
| Perseverance | | | | |
| Tolerance | | | | |
| Poise | | | | |
| Character | | | | |

Does he/she like to work with people? YES NO

How long have you known this person? _____

In what capacity have you known this person? _____

Additional Comments:

Signature: _____ Phone #: _____ Date _____

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PERSONAL REFERENCE

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Signature: _____ Date _____

Name of Personal Reference: _____

Address _____
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)

 The following information will be used to determine acceptability for the surgical technology program. Your assistance is appreciated.

How would you rate the individual on the following traits?

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| Honesty | | | | |
| Integrity | | | | |
| Initiative | | | | |
| Perseverance | | | | |
| Tolerance | | | | |
| Poise | | | | |
| Character | | | | |

Does he/she like to work with people? YES NO

How long have you known this person? _____

In what capacity have you known this person? _____

Additional Comments:

Signature: _____ Phone #: _____ Date _____

January 2010

Dear Surgical Technology Student:

Below is a cost ESTIMATE for your attendance at Apollo's School of Surgical Technology for the 2010-2011 school year.

Dates and fees are subject to change.

| | | |
|--|--------------|-----------------------------------|
| Application fee | \$30 | |
| HESI pre-entrance test | \$40 | |
| CPR - Health Care Provider | \$80 | |
| Physical Exam * | \$120 | |
| 2 Step Mantoux (TB skin testing) | \$24 | |
| Chest x-ray, if skin test positive.. | \$100 | |
| Hepatitis B Vaccines (series of 3) | \$105 | (\$35 each) (\$24 if under 18) |
| 2 MMR Vaccines..... | \$118 | \$59 each |
| Background check | \$85 | |
| Drug screening | \$50 | |
| 1 set of scrubs (color will be determined later) | \$30 | |
| White work shoes..... | \$70 | |
| School pin (optional) | \$60 | |
| ESTIMATED TOTAL | \$912 | |

Estimated total cost for the program will be \$10000.00. This includes books, fees and tuition. Fees include: liability insurance, AST membership & certification exam. A non-refundable deposit of \$500.00 of the total cost must be paid by July 12th, 2010.

Regular classes for the surgical technology program will begin on Tuesday, Sept. 7, 2010. Graduation will be on June 16th, 2011.

I hope this will assist you in your financial planning for the program.

Sincerely,

Barbara Cook, RN, CNOR
419-999-5618
barb.cook@apollocc.org

*Immunization documentation of already completed vaccines or documentation of history of disease are accepted and vaccines would not need to be repeated

Apollo School of Surgical Technology
2010-11 Program Calendar

Professional DevelopmentAugust 17th 9-3:30 p.m.
(Tentative date/Attendance Required)

CPR/Health Care Provider Call Apollo for class schedule

Start Date Tuesday, September 7, 2010

End of 1st Schedule Friday, November 19, 2010

2nd Schedule starts Monday, November 22, 2010

Thanksgiving- No School Monday - Friday, November 22-26, 2010

Winter Break Starts Monday, December 20, 2010

Classes Resume Monday, January 3, 2011

Martin Luther King Day-No School Monday, January 17, 2011

End of 2nd Schedule Friday, February 4, 2011

3rd Schedule starts Monday, February 7, 2011

President's Day-No School Monday, February 21, 2011

End of 3rd schedule Friday, April 15, 2011

4th Schedule starts – classes resume Monday, April 18, 2011

Spring break.....Friday, April 22, 2011

Memorial Day – No School Monday, May 30, 2011

End of 4th Schedule Thursday, June 16, 2011

Graduation Thursday, June 16, 2011

**Dates are tentative and subject to change.