



Explore a Career in Surgical Technology Program Application & Essay

Please check off most recent coursework in progress or completed:

Current High School Senior: Institution Name _____

High School Graduate: Institution Name _____

GED Recipient

Post-secondary coursework: Most recent school attended _____

Degree, If yes, what major _____

Please Print Clearly

First Name: _____ Last Name: _____

Former Name(s) _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Mobile: _____

Email: _____

In the space provided below, please tell us why you would like to explore a day in the life of a Surgical Technologist?

Thank you for sharing.