



**S E N T A R A®**

*College of Health Sciences*

## **Surgical Technology Accelerated Alternate Delivery (AAD) ST to CST Bridge Program**

Dear Prospective ST Student:

The AAD Bridge Program application packet contains the following required documents:

- Application to Include Eligibility Verification
- Verification of Employment

The application portion of the packet must be completed and mailed directly to the address below.

All Verification of Employment forms must be completed by your immediate supervisor, manager, or director and returned directly from them. The signatures do not have to be notarized. These documents are evidence that you qualify for admission to the AAD Bridge Program.

All completed forms must be submitted to:

**Surgical Technology Program Director  
Sentara College of Health Sciences  
1441 Crossways Blvd., Suite 105  
Chesapeake, VA. 23320**

They may also be faxed to 757.388.2905, attention to Surgical Technology Program Director.

It is the responsibility of the applicant to ensure all documents are submitted. Incomplete applications will not be reviewed. Notification of acceptance will be via mail to the address listed on the college application.

This application packet should not be confused with the clinical validation documents required for Program completion. If you have questions, please call the Surgical Technology Program Director at 757.388.4240 or Toll Free at 877.609.8870 X84240.

# SENTARA COLLEGE OF HEALTH SCIENCES

## APPLICATION FOR SURGICAL TECHNOLOGY ACCELERATED ALTERNATE DELIVERY ST TO CST BRIDGE PROGRAM

SENTARA COLLEGE OF HEALTH SCIENCES SEEKSTO ADMIT QUALIFIED APPLICANTS WITHOUT REGARDTO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY PROVIDEDTHE APPLICANT IS QUALIFIEDTO PERFORMTHE TASKS NECESSARYTO MEETTHE REQUIREMENTS OFTHE PROGRAM WITH OR WITHOUT REASONABLE ACCOMMODATION.

**Application Procedure: Please refer to the admission requirement for the ST to CST Bridge Program at [www.sentara.edu](http://www.sentara.edu) under "Admission Process for Allied Health Programs".**

*Official transcripts must be submitted with application.*

Send or deliver your completed application form and the \$50 administrative processing fee to:  
Program Director, Surgical Technology, Sentara College of Health Sciences, Crossways I, Suite 105,  
1441 Crossways Boulevard, Chesapeake, VA 23320.

**The administrative processing fee is non-refundable. Checks should be made payable to Sentara.**

The Admissions Committee will review only applicant files that are complete. It is the applicant's responsibility to ensure the College receives all required documentation. All qualified applicants will be notified of their admission status.

### I. APPLICANT INFORMATION

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. **Name:** \_\_\_\_\_  
Last First Middle All Previous Last Names

**Permanent Address:** \_\_\_\_\_  
Number and Street  
City State Zip Code

**Social Security Number:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Telephone:** Primary ( \_\_\_\_\_ ) \_\_\_\_\_ Secondary ( \_\_\_\_\_ ) \_\_\_\_\_

**Citizenship:** Are you a U.S. Citizen? ☐ Yes ☐ No If no, are you a Permanent Resident? ☐ Yes ☐ No

**Language:** Is English your first language? ☐ Yes ☐ No  
If you answered "No" above: Have you taken the TOEFL (Test of English as a Foreign Language) examination? ☐ Yes ☐ No

How did you *first* learn of Sentara College of Health Sciences? \_\_\_\_\_

Have you previously attended or applied to Sentara College of Health Sciences or Sentara School of Health Professions? ☐ Yes ☐ No

If yes, which program/course? \_\_\_\_\_

Years attended \_\_\_\_\_ or Year Applied \_\_\_\_\_

Have you ever attended a Surgical Technology Program? ☐ Yes ☐ No

a. If yes, list name and address of school or college: \_\_\_\_\_

b. Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

c. Type of program: ☐ Diploma ☐ Certificate ☐ Degree

d. Did you complete the program? ☐ Yes ☐ No

e. Did you receive surgical technology training on the job? (must be prior to March 1, 2000) ☐ Yes ☐ No

f. If yes, list name, address and phone number of facility: \_\_\_\_\_

g. Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

h. Manager name, title, and phone number: \_\_\_\_\_

i. Are you currently employed as a surgical technologist? ☐ Yes ☐ No

j. If yes, list name, address and phone number of facility: \_\_\_\_\_

## II. HIGH SCHOOL EDUCATION

Verification of completion of High School or equivalent. Select your verification of high school equivalent:

☐ High School

☐ GED

☐ Home Schooling

## III. PREREQUIITE COURSES

All prerequisites must be completed with a "C" or better prior to the start date.

- ST to CST Accelerated Alternate Delivery Bridge Program applicants must complete Human Anatomy and Physiology I without lab prior to submitting an application for admission.

COLLEGE COURSES	Required for Programs Below	Semester Credits Required	Completed (check)	Not Completed (indicate month & year you plan to complete)
Human Anatomy & Physiology I w/out lab	ST to CST	3		

## IV. EMPLOYMENT/EDUCATION HISTORY

Please provide proof of eligibility by either employment verification or graduate of non-accredited school. Complete the following below:

**Employment Verification:** You must document that you have been employed as a surgical techologist or operating room technician with on the job training that took place prior to March 1, 2000.

Document below that you have been employed as a surgical technologist or operating room technician with no breaks in service longer than 2 years. Include all places of employment.

Employment Dates	Facility Address and Phone Number	Supervisor's Name and Title	Position Held	Number of Hours Worked Per Week	For College Use Only: To be completed by Sentara.

OR

**Graduate of non-accredited school:** You must document below that you have been trained as a surgical technologist in a military or non-accredited school/program.

School Dates	School Address and Phone Number	Instructor's Name and Title	Name of Program	Transcript Available/ Requested	For College Use Only: To be completed by Sentara.

## V. READ CAREFULLY BEFORE SIGNING

To qualify for admission into the AAD ST to CST Bridge Program, you must have attended a non-accredited Surgical Technology Program or received on-the-job training prior to March 1, 2000. Clinical credit will not be awarded for previous education experiences. Clinical credit must include actual cases, minimum of 120, performed in the first scrub role while employed. Procedures must be varied. Clinical credit will be evaluated by portfolio prior to completion of the Program. Validation of eligibility must be ascertained prior to acceptance to the AAD ST to CST Bridge Program. Previous course work will be evaluated by the Program Director. Please attach a copy of any degrees or certificates of completion with this application. A resume may be attached.

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application or dismissal from the Program. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and attachments. I also understand that the administrative processing fee is non-refundable.

If my application is incomplete (transcripts not included or application incomplete) I will have 10 business days to correct or my application will be withdrawn with no refund. If I do not include my \$50.00 administrative fee, my application will be returned. Questions can be addressed at 757.388.4240 or Toll Free at 877.609.8870 X 84240. The mailing address and phone number(s) you supplied on the application will be used for notifications.

ST to CST AAD Bridge Program applicants will not be subject to a criminal history background check or a urine drug screen.

---

Applicant's Signature

---

Date



# SENTARA®

College of Health Sciences

## VERIFICATION OF ELIGIBILITY

### SECTION I: To be completed by the applicant.

*Applicant is to print this form, complete Section I in print, date, sign and send to place of employment or school. The applicant must submit to "verifying employer or school" and the employer or school must submit directly to Sentara College of Health Sciences.*

Name:

Name at the time of employment/student, if different:

Social Security Number:

Place of employment/education:

Approximate dates of employment/education:

I hereby authorize the Human Resources Department/Registrar or other departments of the above listed place of employment to release the information or confirmation of the information listed above. Additionally, I release Sentara College of Health Sciences and the place of employment listed above from all liability whatsoever for issuing the requested information.

Student Authorizing Signature

Date

### SECTION II: Verification form is to be given to school or employer by applicant after Section I is complete.

I certify that the records of \_\_\_\_\_ reveal the following on the person identified above:

Above information is correct.

Above information is correct with the following correction(s).

Unable to verify information due to:

Please verify employment of the above named person and return this form directly to the fax or mail information below:

**Sentara College of Health Sciences  
Surgical Technology Program Director**

**1441 Crossways Blvd., Ste. 105, Chesapeake, VA. 23320  
Phone: 757.388.2900 or Toll Free: 877.609.8870 • Fax: 757.388.2905**