Surgical Technology Program
Transfer Into Surgical Technology Application
For Current Degree Seeking NCC Students Only
All other students must apply through the Admissions Office.

Meeting all these requirements does not guarantee an interview or acceptance.

Name of Candidate: _____ Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Banner ID#: <u>N00</u> _____ Home Phone: _____ Cell Phone: _____

High School Attended: _____ Year of HS Graduation: _____

Current NCC Area of Concentration: _____

Total NCC Credits to Date: _____Cumulative GPA:_____

Other College(s) Attended Attach Transcript and Degree Evaluation	**Total Credits**	**CUM**	**Degrees Held**

ADDITIONAL REQUIREMENTS

1. Describe why you should be considered for the Surgical Technology Program

   _____

   _____

   _____

   _____

   _____

2. **An Interview with the Surgical Technology Faculty must be scheduled upon submitting the completed application**.
3. All remedial courses, as determined by the NCC placement exam, given through the College Admissions Office, must be completed **prior** to acceptance to the Surgical Technology Program.

APPLICATIONS FOR ADMISSION TO THE SURGICAL TECHNOLOGY PROGRAM WILL BE CONSIDERED ONLY IF THE ABOVE REQUIREMENTS ARE COMPLETED AND RECEIVED IN THE SURGICAL TECHNOLOGY LAB, Mrs. Martin in E 312 BY MARCH 2.
516.572.9640 (Ext.26568) • judith.martin@ncc.edu

The following necessary documentation is a requirement of the National Board of Surgical Technology and Surgical Assisting as well as the Surgical Technology Program at Nassau Community College:

1. Are you a U.S. Citizen?   Yes   or   No

   IF YOU ARE A CITIZEN OF THE UNITED STATES, PROCEED TO QUESTION #6

   IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, ANSWER QUESTIONS #2, #3, #4 AND #5.

2. Country of Citizenship_____

3. Are you a permanent resident of the United States?   Yes   or   No
   If "Ÿ^+attach a copy of your *Alien Registration Card or Temporary Resident Card.*

4. Do you have a Social Security Card?   Yes   or   No

5. Do you have a Valid NYS Driver's License?   Yes   or   No
   If "Ÿ^• +acca&@ac&] ˆÁ¬Á[ˇ¦*NYS Driver's License or NY State ID Card.*

6. If you have a physical, hearing, or learning disability, check box below and specify nature of disability.

   Yes _____

All Candidates must be legally eligible for employment and certification in the United States at the time of application. Background checks and random drug screening required upon acceptance.

Statement of Integrity: Candidates must sign the following statement.
I do hereby acknowledge that all the information submitted in connection with my application to the Surgical Technology Program at Nassau Community College is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance into the Surgical Technology Program and may bar me from future acceptance.

_____   _____   _____
Printed name of Applicant   *Signature of Applicant*   *Date*