
Educational Background

Please contact all schools listed below and request official, sealed transcripts be sent to MMC School of Surgical Technology, SMCC, 2 Fort Road, South Portland, Maine 04106

Name of High School or College(s)	Address	Dates Attended

Writing

In your own words, explain how you learned about the program and why you want to become a Surgical Technologist.

I the undersigned agree that the above information is true and complete, and I waive the right to inspect and review confidential letters and statements prepared in connection with this application.

Print Name

Applicant Signature

Date

Send this application together with the non-refundable fee of \$50.00 in check or money order made payable to Maine Medical Center School of Surgical Technology at MMC School of Surgical Technology, SMCC, 2 Fort Road, South Portland, Maine 04106

For payment by credit/debit card, please call the school during business hours Monday-Thursday 8 a.m.-3 p.m. at 207-741-5589. You may also choose to attach the School of Surgical Technology Credit Card Form with your application.

It is the policy of the educational programs of Maine Medical Center not to discriminate against any person on the basis of sex, race, national origin, sexual orientation, color, religion, age or handicap in accordance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1972 (Executive Order 11246), Title IX of the Higher Education Act of 1972, the Age Discrimination Act of 1967 (as amended) and Section 504 of the Rehabilitation Act Of 1973.

References

In order to obtain evaluations from your references, the School requires permission from all applicants. Please sign the attached applicant authorization forms and mail back with this application. The School will be mailing or emailing (depending on your preference) reference evaluation forms to those listed below. Please note that permitting contact by email can significantly shorten response times.

Recent Work References

List two persons, not relatives, whom you have worked with for at least one year and can answer questions about your work ethic. This list can include: managers, directors, supervisors, colleagues, professors, clients or volunteer co-workers. **If listing a business address, please include the full business name. If listing a home address, please indicate so.**

Employment Dates

Employment Dates

Reference Name (first, last)

Reference Name (first, last)

Reference Business Name and Location

Reference Business Name and Location

Reference Email Address

Reference Email Address

Your Position/Title

Your Position/Title

Reason for Leaving

Reason for Leaving

Permission to contact by email, initial here _____

Permission to contact by email, initial here _____

Personal References

List three persons, not relatives, whom have known you for at least one year and can answer questions about your character and ability. This list should include an instructor and someone from the medical field, if possible. Please give the person's complete and current address. Please do not list those you have previously used as a work reference.

Name

Address

City

State

Zip

Email Address

Permission to contact by email, initial above

Name	Address	City	State	Zip
------	---------	------	-------	-----

Email Address	Permission to contact by email, initial above
---------------	---

Name	Address	City	State	Zip
------	---------	------	-------	-----

Email Address	Permission to contact by email, initial above
---------------	---

Criminal Background

Please answer the following questions:

1. Have you ever been denied a nursing assistant or other healthcare certificate/license?
 Yes No
2. Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken against a nursing assistant or other healthcare certificate/license?
 Yes No
3. Have you ever been convicted of any crime under the laws of the State of Maine?
 Yes No
4. Have you ever appeared in any court, paid any fine or been put on probation?
 Yes No
5. Have you ever been convicted of any crime under the laws of any state?
 Yes No
6. Have you ever been convicted of any crime under the Federal Law of the United States?
 Yes No
7. Have you ever been convicted of any crime under the laws of any other country?
 Yes No
8. Have you ever been convicted of a crime in a health care setting?
 Yes No
9. Do you have any charges pending, filed, or outstanding?
 Yes No

For any "Yes" answers, please explain on the back of this page. You may not be accepted if you have a conviction for which you could have received a 3 year sentence, a conviction for theft or abuse in a health care setting, or a sexual conviction.

Applicant's Authorizations

Please read and sign.

I hereby authorize the addressed individual, company, or institution to furnish Maine Medical Center's School of Surgical Technology with any information they may have concerning me which they have on record or otherwise, and hereby release the addressed individual, company or institution, and all individuals connected herewith, including Maine Medical Center, from all liability for any damage whatsoever incurred in furnishing such information. I understand that this information is being released in confidence to the School of Surgical Technology and will not be shared with me.

Print Name

Applicant Signature

Date

I wish to be considered as an applicant for MMC's School of Surgical Technology. I am providing proof of educational transcripts to you. If accepted, I agree to abide by the rules and regulations of the program. I understand my references may be checked. A State Bureau of Identification (SBI) check will be initiated by this application process. The results of this SBI check will be forwarded to clinical affiliation sites if required as part of this program. My signature below gives MMC permission to conduct a SBI check. Failure to furnish all information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. Falsification of information of any application is reason for dismissal.

Print Name

Applicant Signature

Date

Prospective Surgical Technology Students

If you are considering a career as a Certified Surgical Technologist, you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious disease is possible. This is an occupational risk for all health care workers and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Surgical Technology Training Program.

I have read and understand the above statement.

Print Name

Applicant Signature

Date

State Bureau of Identification (SBI) Check

Print Clearly

Full Legal Name

Please list all other names ever used (maiden, other married names or other names ever known by):

Alias/Nickname

Social Security Number

Date of Birth

Purpose of Request: I am applying to a surgical technology course through Maine Medical Center. SBI check is required.

Signature

Date

Director

Diane Fecteau, RN, MSA
Maine Medical Center
School of Surgical Technology
SMCC, 2 Fort Road
South Portland, Maine 04106

Phone: 207-741-5589

Fax: 207-741-5650

Credit Card Payment Form Application Processing Fee

Name:	Phone #:	
Address:	Apartment #:	
City:	State:	Zip:
Email Address:		
Payment: \$50.00 non-refundable application processing fee		
Credit Card Type:		
Name as it appears on card:		
Card #:		
Expiration Date:		
Billing Address (if same as above check here):		
City:	State:	Zip:
Authorized Signature:		Date:

To pay by phone, please call the office at 207-741-5589, Monday-Thursday 8 a.m.-3 p.m.
