Applications Due April 20, 2020 by 3:00pm – Morgan Smith Campus – Front Office

School of Nursing and Allied Health
MORGAN SMITH SITE
2110 North Sherman Street
Jennings, LA 70546
Office: 337 824-4811 * Fax: 337 824-4811
www.sowela.edu

AY- 2020-2021 APPLICATION TO SURGICAL TECHNOLOGY PROGRAM

STUDENT RESPONSIBILITIES

Understand all policies and procedures for the Surgical Technology program admission. These are available on the program page at www.sowela.edu as well as from staff in the Morgan Smith site office and H.C Drew SoNAH office in Lake Charles. The application process must be completed, the student accepted into the clinical program, and a mandatory orientation attended prior to the program releasing the ability to change majors or schedule any STEC Surgical Technology courses. Admittance into the Surgical Technology program is a competitive selection process due to limited clinical site availability.

Decisions for acceptance will not be made until final grades are posted from the Spring 2020 semester (May 13, 2019).

This application MUST be:

1. Completed in full with the required support documentation and health forms.
2. Submitted in person with the supporting documents on or before April 20, 2020 deadline & no later than 3:00pm to be considered.
3. Note: Incomplete applications, missing supporting documents or health records, applications received by mail, or late submissions will not be considered.
4. Applications and documents will not be returned, and students are encouraged to retain copies for their records. No applications or documentation will be stored for future consideration.
5. Decisions for acceptance will not be made until final grades are posted from the Spring semester (after graduation each Spring semester).

If the student is not accepted, they will have to re-apply when the program begins admissions for the next cohort the following academic year. The program only admits one cohort per academic year. Any readmitting student will not be given preference over first time applications. The student will be responsible the following year for any and all incurred cost required to complete the re-application process.

STUDENT’S APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION:

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply to SOWELA Technical Community College (you must be a enrolled with an L# and meet all admissions requirements to be a student at SOWELA Technical and Community College before applying to the surgical technology).</td>
</tr>
<tr>
<td>Cumulative GPA of 2.7 or higher. (courses in the ST curriculum)</td>
</tr>
<tr>
<td>Submit official transcripts to the Registrar’s Office with the transcript evaluation request department for determination of acceptance for transfer credits. Courses must show on your LoLA account to be considered. The Transcript Evaluation form and process can be found at: <a href="https://www.sowela.edu/admissions/registrars-office/transfer-credit-information-instructions/">https://www.sowela.edu/admissions/registrars-office/transfer-credit-information-instructions/</a></td>
</tr>
<tr>
<td>Completion of pre-requisite general academic courses (as shown on the curriculum).</td>
</tr>
<tr>
<td>Minimum grade of “C” in all pre-requisite courses listed on the curriculum. Students completing pre-requisite courses having no repeated courses or repeated any given course only once to earn the required grade for submission will be given higher ranking during the selection process.</td>
</tr>
</tbody>
</table>
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Provide a copy of your High School Diploma and/or GED (even if not required to enroll in SOWELA, the hospitals and accreditation of the program require this information be maintained on students. Attach any college transcripts being evaluated by the Registrar’s Office (unofficial records are accepted for the program files only)

Provide a current CPR card (must American Heart Association, AHA Healthcare Provider BLS. Attach copy, front and back, of the card or printout certificate to the application). Notice: this certification MUST remain current through the entire program.

Provide up to date and accurate Immunization Records or titers including (attach copies to application)

- Current Tdap (Tetanus- within the past 10 years, healthcare workers should repeat every 5 years- but not required).
- Record of MMR - two (2) injections OR lab results of titer showing immunity AND/OR booster shot records if recommended.
- Proof of meningococcal vaccination (OR signed waiver and refusal, located in the application)
- Proof of Hepatitis B status (vaccination AND/OR lab results of titer showing immunity)
- Proof of two (2) Varicella vaccinations OR lab results of titer showing immunity.
- Copy of negative PPD skin test OR Chest X-ray result (must be within the last year and be the official records from a Healthcare provider to be attached in the history and physical form. CANNOT just be stated- need record for clinical sites). Results are good for 1 calendar year.
- Proof of influenza vaccination (must be within last year; MUST be the official copy from Healthcare provider /included in the history and physical form. CANNOT just be stated- need record for clinical sites). If you do not have a current vaccine and it is not available for the season, one must be provided prior to attending any time at the clinical sites

Signed Health Forms (health history and physical exam must have been completed within last year. A Healthcare Provider’s name, practice information must be provided on letterhead, EMR records, or with a practice stamp with office number and address should the program director have questions or need to clarify/ verify results).

Copy of laboratory results (especially immunization titers) from your healthcare provider.

Copy of current health insurance card (required by the clinical sites)

Copy of current state issued driver’s license and current auto insurance card (or student will not be allowed to drive to clinical sites)

Attach 2 passport photos with your name printed on the back of the photo and attached to this Application (provide the second passport photo in a labeled envelope with your name; it will be required in your last semester to apply for the national certification exam and stored in your student file.

Submit and pay for the Background Check- Information is attached at the end of this application.

Submit the Bookstore Estimated Size and Quantity Sheet for the Uniform (not a purchase- just estimated for stock purposes)

*** Please realize that the physical and results and any laboratory tests can take 5-10 working days to be received. DO NOT WAIT UNTIL THE LAST MINUTE to schedule your physical and obtain copies of your immunization records or lab work. If you feel you will not have time to complete your health forms and you would like to make arrangements for an extension- please contact the Program Director – Mrs. Amy Broussard at amy.broussard@sowela.edu.

RN students can apply with the health forms they completed for the RN program but still must complete the ST application. Records turned in to the nursing department in Lake Charles can be transferred to the Surgical Technology Department by the faculty. You will not have to repeat any health requirements. You may have additional forms to complete or sign to be considered.
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SCHOOL OF NURSING AND ALLIED HEALTH

Surgical Technology Program Application

STUDENT FORMS

Student Name:__________________________________________

ID Number:__________________________________________Date of Submission:__________

SOWELA Technical Community College does not discriminate based on race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies:

Title: Compliance Officer
Address: 3820 Sen J Bennett Johnston Ave
Lake Charles, LA 70615
Telephone No. 337-421-6565 or 800-256-0483
Email: complianceofficer@sowela.edu

First-time Applicant  Resubmission of Application

Surgical Technology Faculty Approved: 3/2018  Review Yearly: 1/2020
Dean of Allied Health Approval 3/2018;
Surgical Technology Department

Contact and Demographics Information

Full Name: ____________________________

Last       First       M.I.

Student ID
L#:   L

Address: ________________________________

Street Address       Unit #

City       State       ZIP Code

Phone:   ( ) ____________________________

Alternate Phone:   ( ) ____________________________

E-mail Address: ________________________________

Birth Date: ________________________________

Spouse’s Name: ________________________________

Spouse’s Employer: ____________________________

Spouse’s Work Phone:   ( ) ____________________________

Employment Information

Employer: ________________________________

Position: ________________________________

Supervisor: ________________________________

Department: ________________________________

Work Address: ________________________________

City, State, Zip: ________________________________

Work Phone:   ( ) ____________________________

Cell Phone:   ( ) ____________________________

Employment Related to Program Major: YES NO

Emergency Contact Information

Full Name: ________________________________

Primary Phone:   ( ) ____________________________

Alternate Phone:   ( ) ____________________________

Relationship: ________________________________

Relationship: ________________________________
Please list below all courses and course numbers as well as the institution where you are enrolled for the current semester (SP 2020) that could affect eligibility.

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please list any other degrees held, year obtained, and name of college/university:

<table>
<thead>
<tr>
<th>DEGREE EARNED</th>
<th>COLLEGE</th>
<th>YEAR OBTAINED</th>
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</table>

Please list any professional career or experience related to the medical field:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>YEARS</th>
<th>DUTIES</th>
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<tbody>
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</table>

Please list the pre-requisite courses you have completed. Include the course number, credit hours, year completed, and the grade received. Attach an unofficial copy of your academic transcript or report from the LoLA system for review. Unofficial copies submitted with this application are simply to verify grades.

**Note:** Official transcripts must be submitted to the Registrar’s office with a Transcript Evaluation Form, have been accepted, and appear on your LoLA transcript for the course to be considered during your application process.

### SOWELA Course

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Taken Course Number (if different)</th>
<th>College</th>
<th>Credit Hour</th>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2253</td>
<td>HUMAN A&amp;P I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2251</td>
<td>HUMAN A&amp;P I LAB</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>ENGL 1010</td>
<td>ENGLISH COMPOSITON I</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HIST ELEC</td>
<td>HIST 1010, 1020, 1210, 1220, 2010, 2020</td>
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<td></td>
</tr>
<tr>
<td>MATH 1015</td>
<td>COLLEGE ALGEBRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2263</td>
<td>HUMAN A&amp;P II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2261</td>
<td>HUMAN A&amp;P II LAB</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MEDL 1300</td>
<td>MEDICAL TERMINOLOGY</td>
<td></td>
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</tr>
<tr>
<td>VARIOUS</td>
<td>SOCIAL/BEHAVIORAL SCIENCE**</td>
<td></td>
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</tr>
</tbody>
</table>

**Note:** BIOL 2261/2263 and MEDL 1300 can be taken in the first SUMMER semester. The Social/Behavioral Science Elective (ONLY) must be taken prior to the last semester (summer). However, faculty advise students to take the required courses before starting clinical semesters. This makes the program core curriculum easier to manage and the students more likely to succeed.

**CURRENT SOCIAL SCIENCE ELECTIVES ACCEPTED** that meet the 15 credits in general education requirement for an AAS degree are: ANTH 2010, CRMJ 1110, ECON 2010, ECON 2020, GEOG 2100, GEOG 2110, GEOG 2215, POLI 1100, POLI 2100, PSYC 2010*, PSYC 2335, SOCL 2010, SOCL 2020. Information can be found on the current college catalog page 74-76.
SURGICAL TECHNOLOGY STATEMENT OF UNDERSTANDING

STUDENT NAME: ___________________________ STUDENT ID# ___________________________

1) Students who are accepted into the School of Nursing and Allied Health Surgical Technology program will be required to submit to mandatory drug testing upon admission and random drug screens at least once a semester throughout the duration of program. Required testing outside due to suspicion of altered status or incident where a patient, student or staff member was injured will be the responsibility of the student. Failure to pay for and submit to drug screens will result in a POSITIVE result and a dismissal from the program.

2) The number of students accepted to the Surgical Technology Program will be dependent on clinical site availability and allowed openings stated in the accrediting process of the programs. Submission of this application does not guarantee admission. No waiting list will be established and those students that are eligible but not accepted into the program must reapply for admission. Attrition will not be planned for or considered and alternates for admission will not be considered after the first day or STEC 1000.

3) Eligible students for admission to the Surgical Technology will be chosen by ranking applicants based on a selection rubric: will include submission of the application in its entirety before or on the deadline, prerequisite course grade point average (2.0), cumulative GPA (2.7). In the event further information is needed to make a final decision on applicants, the following information could be used: previous medical field experience, other college degrees, certification or licensures in related medical fields, ACT/ACUPLACER/NexGen scores and as consideration given to students completing all pre-requisite and co-requisite non-nursing courses at SOWELA Technical Community College and students employed by SOWELA.

4) I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant and SOWELA Technical Community College School of Nursing and Allied Health, Surgical Technology program faculty, staff, or administration.

5) I have read and understand the physical and mental requirements for Surgical Technology courses. I attest that I can withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Surgical Technology Program to the best of my knowledge.

My signature below indicates that I have read and understand the criteria and requirements listed in this packet. I declare that all the information I have submitted is complete and accurate.

SIGNATURE OF STUDENT: ___________________________ DATE: _____________

STUDENT NAME (Printed): ___________________________
SURGICAL TECHNOLOGY PROGRAM

VERIFICATION OF PERFORMANCE DUTIES (completed by the student)

Purpose:
SOWELA Technical Community College surgical technology students are expected to be able to perform duties associated with those of the profession, which means able to perform their clinical care responsibilities in a safe, appropriate, and effective manner free from the adverse effects of physical, mental, emotional, and personal problems. **The student must be able to meet or perform the following standards and skills to participate in all laboratory and clinical portions of the Surgical Technology program:**

* Perform a full-range of body motion including handling and lifting clients, manual and finger dexterity, eye-hand coordination, and distinguish left from right.
* Bend, reach, pull, push, stand, stoop, walk during shift, and agility to handle body mass.
* Lift and carry up to sixty (60) pounds (considerable physical strength and effort may be required perform daily job requirements).
* Demonstrate visual acuity (with correction if needed) within normal range (minimum of 6 feet) including peripheral vision and reading of fine print. Students must have the ability to judge distance as well as special relationships and distinguish and identify different colors. Should be able to work in dim to minimal lighting environments with accuracy.
* Demonstrate auditory acuity (with correction if needed) that includes hearing voices and speech which may be impeded by PPEs and extraneous environmental background noise.
* Withstand unusual sights/ odors and while remaining professional and performing job duties.
* Emergency situations frequently occur that require immediate and action by the staff and student, including situations involving agitated patients or those emerging from anesthesia who may be physically or verbally combative.
* Be free from any blood borne infections that may limit the participation in invasive procedures without the risk of transmission to the patient, OR staff or peers. (Please refer to the policies stated by the CDC and Louisiana Department and Health and Hospitals websites for further information.)
* Wear full surgical attire for extended periods of time including all personal protective equipment.
* Adapt effectively, displaying flexibility in environments with high tension to ensure client safety.
* Concentrate and pay attention to detail. Ability to learn quickly without repetition of instructions.
* Perform fine motor skills with both right and left hands. Dexterity and application in working with microscopic pieces of equipment and sutures (finer than a human hair), hold retractors, etc.] Students should be able to perform manual tasks free from tremors and/or jerking motions to safely load/unload and pass instruments or sharps without causing injury to themselves, team members, or the patient.
* Adapt to irregular working hours as well as ability to stay over shift as necessary and stand unassisted for eight continuous hours maintaining alertness.
* Respond quickly and in an emotionally controlled manner in emergency situations.
* Communicate in a rational and coherent manner both orally and in writing with individuals of all professions and social levels.
* Recognize that work environment will include exposure to blood borne pathogens, diseases and toxic or caustic substances (sterilant agents, radiation in the forms of x-ray, fumes, development of latex allergy, and so forth- this list is not to be considered all inclusive).

* Show evidence of skin integrity, without open weeping lesions of the skin.
* Be able to problem solve using conceptual, integrative, and quantitative reasoning skills.
* Ability to recall and apply previously learned material from prerequisite or concurrent courses and apply them to the daily practice in the operating room environment.

Surgical Technology Faculty Approved: 3/2018  Review Yearly: 1/2020
Dean of Allied Health Approval 3/2018;
If you have concerns that you or your healthcare provider may have concerning inability to meet these standards, please schedule an appointment with the Surgical Technology Program Director.

**Surgical Technology students with physical health conditions must be under control and able to function safely in a clinical setting. Students must be emotionally stable to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be on a stabilized dose to function safely in a clinical setting.**

The following are examples of the everyday demands of Surgical Technology lab/clinical courses.

<table>
<thead>
<tr>
<th>PHYSICAL DEMANDS: Strength Requirements</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing (most often in place)</td>
<td>80% of time</td>
</tr>
<tr>
<td>Walking</td>
<td>15% of time</td>
</tr>
<tr>
<td>Sitting</td>
<td>5% of time</td>
</tr>
<tr>
<td>Lifting</td>
<td>40-60 lbs. Frequently</td>
</tr>
<tr>
<td>Carrying</td>
<td>20 lbs. Frequently</td>
</tr>
<tr>
<td>Pushing</td>
<td>&lt; 200 lbs. Frequently</td>
</tr>
<tr>
<td>Pulling</td>
<td>45-50 lbs. Frequently</td>
</tr>
<tr>
<td>Pushing with Assist</td>
<td>&gt; 200 lbs. Occasionally</td>
</tr>
<tr>
<td>Climbing</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Stooping</td>
<td>Frequently</td>
</tr>
<tr>
<td>Balancing and Kneeling</td>
<td>Frequently</td>
</tr>
</tbody>
</table>

**Sensory Demands**

<table>
<thead>
<tr>
<th>SIGHT REQUIREMENTS</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acuity, Near and Far</td>
<td>Constantly</td>
</tr>
<tr>
<td>Depth Perception</td>
<td>Constantly</td>
</tr>
<tr>
<td>Color Vision</td>
<td>Frequently</td>
</tr>
<tr>
<td>Field of Vision</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEARING REQUIREMENTS</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Conversation</td>
<td>Constantly</td>
</tr>
<tr>
<td>Other Sounds (low or muted tones)</td>
<td>Constantly</td>
</tr>
<tr>
<td>Interpret sounds accurately with ancillary noises or conversations occurring simultaneously</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

**MENTAL DEMANDS and DISCIPLINE**

| Reading                                    | Constantly            |
| Reasoning and Problem Solving              | Constantly            |
| Organization                               | Constantly            |
| Math                                       | Occasionally          |
| Language                                   | Constantly            |
| Detailed Work                              | Constantly            |
| Multiple Concurrent Tasks and Interruptions| Constantly            |
Stress | Constantly
---|---
Confidentiality | Constantly
Training classes | Occasionally

### Potential Environmental Exposures - Approximate frequency

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to radiation and chemicals</td>
<td>Frequently</td>
</tr>
<tr>
<td>Exposure to blood/body fluids, infectious agents, and airborne pathogens</td>
<td>Constantly</td>
</tr>
<tr>
<td>Exposure to needle/syringes and waste handling</td>
<td>Constantly</td>
</tr>
<tr>
<td>Handling potentially infectious tissues for specimen or pathology submission</td>
<td>Frequently</td>
</tr>
</tbody>
</table>

**Description of Terms:**

- **Occasionally** (activity or condition exists up to 1/3 of the time)
- **Frequently** (activity or condition exists from 1/3 to 2/3 of the time)
- **Constantly** (activity or condition exists 2/3 or more of the time)

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I have read and understand the above physical and mental requirements for Surgical Technology courses on the Verification of Performance Duties form. I attest that I can withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Surgical Technology Program to the best of my knowledge.

__________________________  __________________________
Student Signature Required  Date

__________________________
Student Name (Printed)

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**DISABILITY SERVICES AND INFORMATION: ADA Compliance**

If you have a health problem that may require individualized disability support services, it is your responsibility to contact:

Office of Student Services  
3820 Senator J. Bennett Johnston Ave  
Lake Charles, LA  70616  
337.421.6969  
800.256.2443
ADDITIONAL ACKNOWLEDGMENTS

HEALTH INSURANCE INFORMATION

ALL SURGICAL TECHNOLOGY STUDENTS must carry and be prepared to show evidence that you have current health insurance. This is a requirement for the ENTIRE duration of your program. This health insurance must cover you for any treatments related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

AUTO INSURANCE INFORMATION

ALL SURGICAL TECHNOLOGY STUDENTS must carry and be prepared to show evidence that you have current auto insurance if they are driving to clinical sites. This is a requirement for the ENTIRE duration of your program. This auto insurance must cover the minimum as required by Louisiana law.

LIABILITY INSURANCE

ALL SURGICAL TECHNOLOGY STUDENTS have the option to purchase student liability insurance The State of Louisiana- Office of Risk Management has issues a statement which informs Health Occupations students that they are not covered by this school of the state for injuries or illness sustained in the performance of their respective program duties. This statement does indicate, however, that an injury to a third party, such as a patient, would be covered by the state.

INSURANCE STATEMENT

I verify that I carry/ will carry for the entire duration of my program the required health insurance that will cover payment of treatment and follow-up procedures related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical. I carry/ will also carry auto insurance (if applicable) for the entire duration of my program in any course with a clinical component. I understand I have the option to carry student liability insurance during the course of my program. I will provide a copy of the insurance information if I choose to purchase a policy.

__________________________________________  ______________
Student Signature Required  Date

__________________________________________
Student Name (Printed)
PRIVACY INFORMATION

NOTICE: A SUMMARY of the medical student records is supplied to the clinical affiliations as requested with the student’s permission. All student records must be true and correct to the best of the student’s knowledge. Any falsification of these records will result in the student being excluded from attending clinical rotations—thereby unable to complete the program.

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Student health records will be kept confidential and only summaries (complete or incomplete) of the information will be released to any person within or outside the college. Information will not be released without the student’s written permission (Authorization for Release of Health Information form). Authorized college/departmental personnel only will access all records and ensure they are maintained and stored in a secure location separate from academic files until graduation or dismissal from the program. Authorized personnel are defined as a faculty/program director who require review and utilization of such records for educational purposes.

_________________________________________________________  ____________________________
Student Signature Required  Date

_________________________________________________________  ____________________________
Student Name (Printed)

PRIVACY INFORMATION

NOTICE: A criminal background check will be included in the requirements for admissions. The results will be sent directly to the Surgical Technology program director. These results will remain part of the student’s confidential PROGRAMMATIC file and will not be shared with any other entity without the prior expressed written consent form the student. A generalized CLEAR OR NOT CLEAR report will be given to each clinical site that the student attends.

**AUTHORIZATION TO RELEASE BACKGROUND CHECK RESULTS**

I understand that a summary of my background check results will be release to any clinical site I attend. A more detailed request for further records will be submitted to the student for authorization should a clinical site request more detailed information.

_________________________________________________________  ____________________________
Student Signature Required  Date

_________________________________________________________
Student Name (Printed)
WHERE TO OBTAIN

American Heart Association Healthcare Provider BLS – AHA provides online courses with subsequent skills testing (both sections must be complete- not only the online portion).

Skills testing with the following or other approved AHA instructors:

| SOWELA School of Nursing and Allied Instructors | https://www.sowela.edu/workforce-solutions/cpr/ |
| Jeremy LeBlanc (I-safe and Advanced Occupational Medical | 337-210-8856; 337-789-9332 |
| Chris Bearb | 337-526-1631 |
| Safe and Secure Training Facility- Debbie Mammerow (Lafayette) | 337-230-0904 |
| Kecia Clark, RN | 337-368-8485 |
| West Calcasieu Cameron Hospital- Shawna Carleson | 337-528-7846 |
| Christus St. Patrick Hospital- Whitney Borel | 337-491-7548 |
| Safety Training Center | 337-583-7044 |

The list of providers that provide CPR training is not all inclusive. You may utilize any provider, but the card must be AHA BLS for Healthcare Providers. Contact the individual/ agency to verify that they still provide these services. Some providers will allow you to complete the didactic portion online and simply schedule a skills checkoff appointment.

WHERE TO OBTAIN

History and Physicals/ PPDS test, Vaccines, and Immunization Records:

1. You may visit your personal healthcare provider and have them fill out the history and physical form in the application packet. They may also provide PPD’s, immunizations and flu shots.
2. I-Safe and Advance Occupational Medicine in Jennings offers CPR, History and Physical Services; 337-210-8856
3. Many of the local Urgent Care facilities can physicals, PPD’s and immunizations without an appointment. Call the agency prior to visiting to make sure they can complete requirements needed for admission.
4. The Calcasieu Community Clinic located in Hardtner Hall on the McNeese State University Campus offers physicals to students that meet their criteria. The clinic is open on Thursday’s only and new patients need to arrive between 4:00pm-5:30pm. The student MUST contact Kayla Rigney at 337-478-8650 to make appointment.
5. The Jeff Davis Parish Health Unit will provide immunization shots for students will no insurance ($10) or Medicaid insurance (free). They are located at 403 Baker Street in Jennings. Please verify the date and times the unit provides immunization services at 337-824-2193 or at http://www.dhh.louisiana.gov/index.cfm/directory/detail/4806/catid/192
6. Louisiana has an online shot record/ vaccination schedule service. You can register for the service at https://la.mvnr.net/ and chose Louisiana to access your state entered immunization shot record. The service is free if you have been entered completely in the past. You can print immunization records if available. Do not print a certificate of Higher Education. We need the actual shot record with the dates they were given.

***PPD skin test update, CPR certification, health insurance, and automobile insurance (if applicable) will be required for the entire program or the student will not be allowed at clinical sites until updates are submitted, possibly resulting in an inability to progress and complete the program. The student is responsible for submitting all updates to the Program Director as they occur and will not be reminded or notified prior to being banned from clinical sites.
SCHOOL OF NURSING AND ALLIED HEALTH

VACCINE INFORMATION

In accordance with state law (Louisiana R.S. 17:170 Schools of Higher Learning) all students born after January 1, 1957 enrolling for the first time into an institution of higher learning must furnish proof for immunization for measles, mumps, and rubella (MMR). All students are required to provide proof of tetanus and diphtheria (TD) vaccination within the past ten years regardless of age. This information was required with the application to the college. It should be presented to the physician at the time of your physical examination. Most records can be obtained from parents, high school records, health units, student admissions department here on campus, or pediatricians.

The Hepatitis B Vaccination series (HBV) is strongly recommended for all health occupations students unless contraindicated for medical reasons. This is a series of 3 injections that will be given over a period of 6 months. (Each injection is usually about $60 - 80.00 unless you are of an age to obtain it at your parish health unit.)

Students who have completed the Hepatitis B vaccinations should submit documentation from their physician or clinic with their health forms. The Hepatitis B vaccine (HBV) series must be started prior to enrollment into the program in order to be complete prior to the clinical phase of the program. If the applicant has not started the HBV series OR does not wish to have the series, the student will be required to sign a declination form prior to beginning the clinical rotation that indicates the risk of exposure to Hepatitis B, possibly contracting Hepatitis B, and the declination of the vaccine series that will be placed in his/her records. A copy of the declination form(s) are on the following pages.

Meningococcal Vaccine: What You Need to Know

Why get vaccinated?
Meningococcal disease is a serious illness caused by a type of bacteria called Neisseria meningitidis. It can lead to meningitis (infection of the lining of the brain and spinal cord) and bacteremia or septicemia (infections of the blood). Meningococcal disease often strikes without warning – even people who are otherwise healthy. Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household. There are at least 12 types of Neisseria meningitidis, called "serogroups." Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease, but certain people are at increased risk, including:

• Infants less than one-year-old
• Adolescents and young adults 16 through 23 years’ old
• People with certain medical conditions that affect the immune system
• Microbiologists who routinely work with isolates of N. meningitidis
• People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, amputations, nervous system problems, or severe scars from skin grafts. Serogroups B meningococcal (MenB) vaccine can help prevent meningococcal disease caused by serogroups B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

Information obtained from: http://www.cdc.gov/vaccines/hep/vis/vis-statements/mening-serogroup.html
STATEMENT OF STUDENT UNDERSTANDING/WAIVER FOR MENINGOCOCCAL VACCINATION

My initials and signature below indicates that:

___ I have completed vaccination and have include records with this application.

___ I have read the information concerning the Meningococcal Vaccine and made my choice of selection. I understand that I may be at risk for acquiring Meningitis by refusing this vaccine. I accept the responsibility of this risk by marking the statement below that indicates my choice.

Required Student Signature

Date

Printed Student Name

Hepatitis B Vaccine: What You Need to Know

Why get vaccinated?
Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Hepatitis B virus infection can be either acute or chronic. Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

• Health care and public safety workers at risk for exposure to blood or body fluids
• Residents and staff of facilities for developmentally disabled persons
• Travelers to regions with increased rates of hepatitis B
• People with chronic liver disease, kidney disease, HIV infection, or diabetes
• Anyone who wants to be protected from hepatitis B

Risks of a vaccine reaction
With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible. There are no known risks to getting hepatitis B vaccine at the same time as other vaccines. Most people who get hepatitis B vaccine do not have any problems with it. As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death. The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

Visit CDC’s website at www.cdc.gov/vaccines
Vaccine Information Statement- Hepatitis B Vaccine
7/20/2016; 42 U.S.C. § 300aa-26; U.S. Department of Health and Human Services Centers for Disease Control and Prevention
STATEMENT OF STUDENT UNDERSTANDING/WAIVER FOR HEPATITIS B VACCINATION

My initials and signature below indicates that: (initial only statements that apply to you)

I have read the information concerning the Hepatitis B Vaccine Series and made my choice of selection. I understand that I may be at risk for acquiring Hepatitis B by refusing this vaccine. I accept the responsibility of this risk by initializing the statement below that indicates my choice.

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed of these risks and the availability of a vaccine. I understand that if I decide to be vaccinated with hepatitis B vaccine it will be at my cost via an appropriate health care provider. I choose to:

_____ I decline hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I know I will continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can exercise my right to access this service at my own cost.

_____ I have the hepatitis B vaccine series complete. A copy of the immunization record has been provided to the surgical technology department for my health file.

_____ I have started the hepatitis B vaccine series however it is not complete. I understand that this form serves as a declination until the series is completed and a copy of the immunization record has been provided to the surgical technology department for my health file.

Required Student Signature

Date

Printed Student Name

LATEX ALLERGY OR SENSITIVITY

What is Latex Allergy
It is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitization, or an allergic reaction is unknown. In sensitized persons, symptoms usually begin within minutes of exposure but may also occur hours later and can be quite varied. Mild reactions include skin redness, rash, hives, or itching. More severe reactions (allergic reactions) may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficulty breathing, coughing spells and wheezing). Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy.

Transmission and Risks
Gloves are coated with a lubricant powder, but most are coated with cornstarch powder in which the rubber particles adhere to the cornstarch and become airborne when the gloves are taken off. These particles not only affect the skin but may also affect the eyes and lungs (inhaled). Increasing the exposure to latex proteins increases the risk of developing an allergic reaction which puts all healthcare workers at high risk due to the use of latex gloves being used frequently. Therefore, it is important that the healthcare professional understands the increased risk that they may be exposed to.
**True or Not True Allergy (Sensitivity)**

The most common reaction is irritant contact dermatitis – development of dry, itchy, irritated areas on the skin, usually on the hands. This reaction is caused by irritation from wearing the gloves and by the exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. Allergic contact dermatitis results from the chemicals added to latex during processing or manufacturing. These chemicals can cause a skin rash like that of poison ivy. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

**Treatment**

Detecting symptoms early, **reducing exposure to latex**, and obtaining medical advice are important to prevent long-term health effects. Precautions are needed to prevent further exposures. The most effective approach is latex avoidance.

**NOTICE OF DISCLOSURE**

Neither SOWELA College Surgical Technology labs nor any current clinical site affiliate can provide a completely LATEX FREE or POWDER FREE environment at this time. Serious consideration should be given to this information when deciding to continue with the application process. Adverse environmental reactions to latex or latex powder could hinder or halt the student’s progression in the program and result in an inability to complete the program.

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**STATEMENT OF STUDENT UNDERSTANDING FOR LATEX ALLERGY OR SENSITIVITY**

My initials/ signature below indicate the following:

_____ I have read the information concerning the Latex Allergy or Sensitivity and made a decision to continue the application process. I understand that I may be at risk for acquiring a latex allergy due to my occupational exposure to latex gloves and other products containing natural rubber latex

_____ I have been informed of the increased risk. I also understand that if I develop symptoms of a latex allergy that any testing for latex allergy will be at my cost via an appropriate health care provider. Average cost for testing is $146.00. Information for testing can be obtained from the surgical technology faculty.

_____ I have sensitivity to latex and wish to continue in this program. I will provide documentation from my doctor prior to any skills/ lab portion of any course in the curriculum. I understand that failure to do this will result in being dismissed from the class until the documentation is provided. This time missed will be counted as an absence.

_____ I do not have a sensitivity to latex at this time. If I begin to experience any reactions, I agree to have testing performed and understand I will be required to re- evaluate this statement/declination for my records.


Required Student Signature

Date

Printed Student Name
HEALTH FORM PACKET INSTRUCTIONS

The SOWELA Technical Community College School of Nursing and Allied Health, in keeping with the requirements of the clinical site affiliations, requires all students to complete certain admission health screening procedures. The health records must be kept current with the Surgical Technology Department. Submitting updates is the sole responsibility of the student.

In addition, this form contains important information for students applying to the Surgical Technology Program.

All students are required to provide health history information and to have a health evaluation prior to admission to the School of Nursing and Allied Health - Surgical Technology Program. Continuing students will be required to submit an annual immunization update for PPD status and flu vaccination. If a significant change in health status occurs during a semester; the student must report that change to the clinical faculty and follow the policy for Significant Change in Health Status found in the Surgical Technology Student Handbook.

Please print unless otherwise indicated. ALL Date Fields required by this Form must be legible and completed with Month, Day, and Year Values. Failure to comply with these requests will prevent your registration for the upcoming Term and prevent your participation in Clinical Rotations.

All students must be aware of the importance of supplying correct information on college applications, college records etc. Students should also notify the college Admissions department if personal information changes during their enrollment. Falsification of student records may result in dismissal from college.

**Students Please Verify:** All areas of the history and physical, signatures and provider’s practice stamp must be completed, or: the form is considered incomplete, will not be considered or reviewed, and will affect your ability to enter the program. Please note that it may take 5-10 business days to receive requested lab work results. Do not wait until the last minute to schedule your physical.

**Please see Health Forms Packet (separate)**
### General Information

Your enrollment in this Program of Study, pursuant to applicable Federal and State law, requires you to submit to a thorough background check. To alleviate complexity, SOWELA has teamed up with Background Research Solutions LLC for student background screening. Background Research Solutions is a professional background screening company and will provide SOWELA with any results of their background screening of you.

### WHAT must I do to get the background check completed?

This is as easy as: 1, 2, 3:

1. Visit www.BR-Solutions.net/SOWELA/ (*Please have a credit or debit card available)*
2. Enter in your appropriate personal information as indicated; as well as your payment details.
3. Click "Submit Order." Then, with a Successful Order, you can then print your receipt and confirmation details in the next presented webpage. Results will be automatically sent to SOWELA.

### WHAT does the background check cost me?

The total cost to you for this background check will be:

$40.00 (USD)  
+ 3% card processing fee

### TIME FRAME for results being sent to SOWELA

Results for your background check being sent in to SOWELA may take up to 3 - 10 days; however, normally this process takes 2 - 4 days.

### WHAT if I have trouble ordering the background check?

If you encounter any issues during the Background Check order process, please contact:

**Background Research Solutions LLC**  
Post Office Box 3083  
Slidell, Louisiana 70459  
(985) 503-7911 (Main Office)  
(877) 993-0661 (Fax & eFax)  
SOWELA@BR-Solutions.net (Support eMail) www.BR-Solutions.net (Website)

*Updated: 1/16/2019*
Sowela Bookstore  
337-421-6538

**SURGICAL TECH PROGRAM**  
Estimated Student Sizes and Quantities Needed Forms

*Please note this is just an estimate of your size for stocking purposes at the uniform shop. You will be fitted and order/pay for your uniforms when you are accepted into the program during the mandatory program orientation. All scrubs must be purchased and monogrammed through the bookstore. No other scrubs or brands/color/styles/monogramming will be allowed.*

Name: ___________________________ Date: ______________

Phone#: ________________________ Email: __________________

Program: Surgical Technology- MS Site

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See attached sheets for sizing chart information per piece

RETURN THIS PAGE WITH COMPLETED PROGRAM APPLICATION
Applications Due April 20, 2020 by 3:00pm – Morgan Smith Campus – Front Office

School of Nursing and Allied Health
Surgical Technology Uniform Specifics

Surgical Technology- Cherokee Revolution Brand- COLOR NAVY

Ladies are to wear the following

Top-WW620   Pant-WW120

Maternity scrubs are also available:

Cherokee Professionals Brand

Top-WW68   Pant-WW220
Men are to wear the following

Top-WW690
Pant-WW140

Surgical Technology Required Lab Jacket

Landau 3155
Ladies

Landau 3145
Men's
**Surgical Technology Optional Jacket**

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### Women's Size Chart

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### Men's Size Chart

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