

## 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](http://www.sowela.edu)

### AY- 2021-2022 CLINICAL ADMISSIONS APPLICATION SURGICAL TECHNOLOGY PROGRAM

**STUDENT RESPONSIBILITIES:** The student is responsible to understand all policies and procedures for the Surgical Technology program admission. These are available on the program page at [www.sowela.edu/programs/school-nursing-allied-health/surgical-technology/](http://www.sowela.edu/programs/school-nursing-allied-health/surgical-technology/) and from staff in the Morgan Smith site office SoNAH administrative office in Lake Charles. 2.

**Decisions for seats in the clinical program and STEC courses will not be made until the final grades are reported and provided the transcripts from the Spring 2021 semester (May 21, 2021).**

**IMPORTANT:** The Surgical Technology program director will only grant access to schedule the MEDL 1301 Introduction to Healthcare- Surgical Technology course (summer semester) and all core STEC Surgical Technology courses if ALL of the following are complete:

1. Complete application and health forms are on file with the program; including the submission all required support documentation, health records, and certification forms attached.
2. All required forms are submitted in person at the Jennings (SOWELA Morgan Smith) front office, on or before the deadline to be considered: **April 12, 2021, by 3:00 p.m.**
3. Note: Incomplete applications, missing supporting documents or health records, applications received by mail, or late submissions will not be considered for a clinical spot.
4. Note: Applications and documents **will not be returned**, and students are encouraged to retain copies for their records. No applications or documents will be stored for future consideration.
5. The student has been selected and has accepted the seat in the clinical Surgical Technology program and has attended the mandatory programmatic orientation.

Admittance into the Surgical Technology program is a competitive selection process due to limited clinical site availability. Admission into SOWELA or selection of Surgical Technology AAS major **does not** indicate acceptance into the clinical courses of the program. The selection process is selective and competitive. Decisions for seats in the clinical program and STEC courses will not be made until the final grades are reported and provided the transcripts from the Spring 2021 semester (**May 21, 2021**).

If the student is not accepted, they will have to reapply 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 for a clinical spot over first- time applications. The student will be responsible the following year for all incurred costs required to complete the re-application process.

**STUDENT APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION:**

INITIALS	
	Enrolled at SOWELA Technical Community College (you must be a enrolled with an L# and meet all admissions and testing requirements for SOWELA Technical and Community College <i>before</i> applying).
	Cumulative <b>GPA of 2.7 or higher AND a minimum of a “C” in each curricular course.</b> (GPA is calculated only with the curricular courses- listed as the <i>program GPA</i> in Degree Works Cumulative GPA in LoLA)
	Submit for <b>official transcripts</b> AND complete the <b>transcript evaluation form</b> with the Registrars Office to determine acceptance for transfer credits. <i>Courses must show on your Degree Works or LoLA account to be considered. The <b>Transcript Evaluation</b> policies and the online 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></i>
	Attach a copy of the transcripts that contain courses being evaluated for program selection consideration and the program files (unofficial copies are accepted for the program files only)
	<b>Completion of prerequisite &amp; general education academic courses</b> (as listed on the curriculum).
	<b>Minimum grade of “C” in all prerequisite and/or general education courses</b> (as listed on the curriculum). <i>**Students completing prerequisite courses having no repeated courses or repeated any given course only once to earn the required grade for submission will be considered first when ranking students during the selection process.</i>
	Provide a copy of your <b>High School Diploma and/or GED</b> to the program office <i>** This is not required to enroll for SOWELA; however clinical sites and the program's policies require this information be maintained on students).</i>
	Provide a current <b>CPR card</b> (must American Heart Association, AHA Healthcare Provider BLS Heartsaver). Attach copy, front and back, of the card to the application). <i>***You must have completed both the classroom/online portion and the skills checkoff and have the AHA card.</i>
	Provide current and accurate <b>Immunization Records</b> or titers (lab work results) listed below: (attach copies to application)
	Current Tdap (Tetanus- within the past ten (10) years <i>**it is recommended that healthcare workers repeat Tdap boosters every five (5) years- but every ten (10) years is the minimum for admission.</i>
	Record of MMR vaccine- record of two (2) injections <b>OR</b> lab results of titer and /or booster showing immunity
	Proof of meningococcal vaccination <b>OR</b> a signed waiver and declination statement, located in the application)
	Proof of Hepatitis B status (vaccination <b>AND/OR</b> lab results of titer/booster showing immunity)
	Record Varicella vaccination- a record of two (2) injections <b>OR</b> lab results of titer/booster showing immunity or a history statement of previous disease exposure.
	Copy of TB record- a record of a negative, 2 step PPD skin test <b>OR</b> Chest X-ray report (must be within the last year; be the official record of the injection/reading/chest x-ray from a licensed healthcare provider attached in the history and physical form. It <b>CANNOT</b> simply be stated in the provider's narrative that the reading was negative- the actual record must be submitted and is required for clinical sites). Results are good for one <b>(1) calendar year and must be updated during the clinical program.</b>
	Proof of influenza vaccination- (must be within last year; <b>MUST</b> be the official injection record from Healthcare provider or authorized pharmacist. <b>CANNOT</b> just be a medical order or prescription label (Rx) or stated as complete in a health record- need injection document record for clinical sites). If you do not have a current vaccine and it is not available for the season you are applying, one must be provided before attending any time at the clinical sites (FALL of each semester)
	Signed and complete <b>Health Forms</b> (health history and physical exam must have been completed within last year)

	Copy of any <b>laboratory results</b> (especially immunization titers) from your healthcare provider.
	Copy of a <b>current health insurance card</b> (required by the clinical sites)
	Copy of a <b>current state-issued driver's license</b> and a <b>current auto insurance card</b> (or student will not be allowed to drive to clinical sites)
	Attach two ( <b>2</b> ) <b>passport photos</b> <i>with your name/L# printed on the back of the picture</i> : <u>Attach 1st to Page 4; submit the 2nd photo in an attached envelope/photo sleeve to this Application with a paperclip (do not staple).</u>
	Submit information for and pay for the <b>Background Check</b> - Information is attached at the end of this application.
	Submit the completed <b>Bookstore Estimated Size and Quantity Sheet for the Uniform</b> (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 appointment and/or obtain copies of your immunization records or lab work. If you feel there are extenuating circumstances that will prevent you from submitting complete your health forms; you **MUST** make arrangements for an extension. You need to email the Program Director before the deadline at:

Mrs. Amy Broussard at [amy.broussard@sowela.edu](mailto:amy.broussard@sowela.edu)

\*\*\* Students can apply with the health forms they completed for the SOWELA ASN 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 Ms. Kim Mitchell, SoNAH Administrative Assistant. This transfer of records must be requested by the student. You will not be required to any additional costs for the required health forms. You will have additional forms to complete or sign to be considered.

**The Surgical Technology Program is Nationally Accredited by the:**

**Commission on Accreditation of Allied Health Education Programs (CAAHEP)**  
**25400 US Highway 19 North, Suite 158**  
**Clearwater, FL 33763**  
**1-727-210-2350**  
<https://www.caahep.org>





**SCHOOL OF NURSING AND ALLIED HEALTH**

# Surgical Technology Program Clinical Admissions Application

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

\_\_\_\_\_ **First-time Applicant**

\_\_\_\_\_ **Resubmission of Application**

*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	<a href="mailto:complianceofficer@sowela.edu">complianceofficer@sowela.edu</a>

Attach  
Passport Picture x 1  
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staple

## SURGICAL TECHNOLOGY DEPARTMENT

### CONTACT AND DEMOGRAPHICS INFORMATION

Full Name: \_\_\_\_\_  
Last First M.I.

Student ID/  
L#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Unit #

\_\_\_\_\_ City State ZIP Code

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Personal Email  
Address: \_\_\_\_\_

Student Email  
\_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Is Current Employment Related to Program  
Major YES NO

### EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list below all courses and course numbers and the institution where you are enrolled for the current semester (SP 2021) that could affect eligibility.

COLLEGE	COURSE NUMBER	COURSE NAME

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

DEGREE EARNED	COLLEGE	YEAR OBTAINED

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

POSITION	YEARS	DUTIES

Please list the prerequisite and any curriculum courses you have completed. Include the course number, credit hours, year completed, and the grade received. Attach an unofficial copy of your academic transcript/grade report.

Unofficial copies submitted with this application are used to verify grades **and do not indicate acceptance or transfer equivalence**. **Note:** Official transcripts must be submitted to the Registrar's office with a Transcript Evaluation Form, the course(s) approved, and the LETTER GRADE must appear in your LoLA/DegreeWorks account (not just CREDIT or CR) for the course(s) to be considered during your application and selection process.

SOWELA Course	Course Title	Course Number (if different)	Credit Hour	Semester/ Year Taken	College	Grade
BIOL 2253	HUMAN A&P I					
BIOL 2251	HUMAN A&P I LAB					
ENGL 1010	ENGLISH COMPOSITION I					
HIST ELEC	HIST 1010, 1020, 1210, 1220, 2010, 2020					
MATH 1100	COLLEGE ALGEBRA					
BIOL 2263	HUMAN A&P II					
BIOL 2261	HUMAN A&P II LAB					
MEDL 1300	MEDICAL TERMINOLOGY					
VARIOUS	SOCIAL/BEHAVIORAL SCIENCE**					

**NOTE:** BIOL 2261/2263 and MEDL 1300 can be taken in the first SUMMER semester. The Social/ Behavioral Science Elective (ONLY) must be taken before the last semester and graduation. However- the 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 2010, 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 the program. Required testing outside due to suspicion of altered states or incidents where a patient, student or staff member was injured will be the student's responsibility. 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). If 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 prerequisite 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 understood the physical and mental requirements for Surgical Technology courses. I attest that I can withstand the physical or mental exertions related to the SOWELA Technical Community College Surgical Technology Program's requirements to the best of my knowledge.

**My signature below indicates that I have read and understood 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 the 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 the normal range (minimum of 6 feet) including peripheral vision and reading of fine print. Students must have the ability to judge distance and 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 could be impeded by PPEs and extraneous environmental background noise.
- \* Withstand unusual sights/ odors and while remaining professional and performing job duties.
- \* Emergencies frequently occur that require immediate action by the staff and student, including cases 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 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, including all personal protective equipment.
- \* Adapt effectively, displaying flexibility in environments with high tension to ensure client safety.
- \* Concentrate and pay attention to detail. The 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 (more delicate than human hair), hold retractors, etc.] Students should be able to perform manual tasks free from tremors and/or jerking motions to safely loan/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 rationally and coherently 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 a prerequisite or concurrent courses and apply them to the daily practice in the operating room environment.
- \* The ability to develop and improve skills in organization of work and in learning to use time management methods



\* The ability to use proficiently English language to communicate with individuals of all professions and social levels.

If you have concerns that you or your healthcare provider may have concerning the 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 safely function 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.

PHYSICAL DEMANDS: Strength Requirements		Approximate frequency
Standing (most often in place)		80% of time
Walking		15% of time
Sitting		5% of time
Lifting	40-60 lbs.	Frequently
Carrying	20 lbs.	Frequently
Pushing	< 200 lbs.	Frequently
Pulling	45-50 lbs.	Frequently
Pushing with Assist	> 200 lbs.	Occasionally
Climbing		Occasionally
Stooping		Frequently
Balancing and Kneeling		Frequently
SENSORY DEMANDS		
SIGHT REQUIREMENTS		Approximate frequency
Acuity, Near and Far		Constantly
Depth Perception		Constantly
Color Vision		Frequently
Field of Vision		Constantly
HEARING REQUIREMENTS		
Ordinary Conversation		Constantly
Other Sounds (low or muted tones)		Constantly
Interpret sounds accurately with ancillary noises or conversations occurring simultaneously		Constantly
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	
Exposure to radiation and chemicals	Frequently
Exposure to blood/body fluids, infectious agents, and airborne pathogens	Constantly
Exposure to needle/syringes and waste handling	Constantly
Handling potentially infectious tissues for specimen or pathology submission	Frequently

*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)*

**I have read and understood 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 SOWELA Technical Community College Surgical Technology Program's requirements to the best of my knowledge.**

\_\_\_\_\_  
**Student Signature Required**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Name (Printed)**

**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 issued 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 my program's entire duration 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.**

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**Student Signature Required**

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**Date**

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**Student Name (Printed)**

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## 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 student's prior written consent. 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 released to any clinical site I attend. A more detailed request for other records will be submitted to the student for authorization should a clinical site request more detailed information.**

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**Student Signature Required**

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**Date**

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**Student Name (Printed)**

### WHERE TO OBTAIN

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

<https://shopcpr.heart.org/heartcode-bls>

HeartCode® BLS (Healthcare Provider- Blended Learning)- **Heart Saver BLS is bystander**

AHA Product Number 15-3254 ISBN: 978-1-61669-748-8

Blended Online Learning with Live Skills Check \$28.50

After completing the online portion of this course, you must complete a hands-on session (sold separately) with an AHA Training Center to obtain a course completion card. Contact an AHA Training Center in your area for more details or to schedule a hands-on session.

Skills testing with the following or other approved AHA instructors:

SOWELA School of Nursing and Allied Instructors	<a href="https://www.sowela.edu/workforce-solutions/cpr/">https://www.sowela.edu/workforce-solutions/cpr/</a>
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 Jeff Davis Parish Health Unit will provide immunization shots for students with 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>
5. Louisiana has an online shot record/ vaccination schedule service. You can register for the service at <https://la.myr.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 evidence of tetanus and diphtheria (TD) vaccination within the past ten years, regardless of age. This information was needed 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 to be complete prior to the program's clinical phase. 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. 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/hcp/vis/vis-statements/mening-serogroup.html>

## STATEMENT OF STUDENT UNDERSTANDING/WAIVER FOR MENINGOCOCCAL VACCINATION

My initials and signature below indicate 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 of 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:

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People who have unprotected sexual activity.
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- **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 the 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/](http://www.cdc.gov/vaccinesafety/)

Visit CDC's website at [www.cdc.gov/vaccines](http://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 initialing 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 the 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 – the 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 is 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 program’s progression and result in an inability to complete the program.*

**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 latex allergy symptoms, any testing for latex allergy will be at my cost via an appropriate health care provider. The average cost for testing is \$146.00. Information for testing can be obtained from the surgical technology faculty.

\_\_\_\_\_ I have a 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 Significant Change in Health Status policy 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 clinical rotation participation.

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 the requested lab work results. Do not wait until the last minute to schedule your physical.***

**\*\*Please see Health Forms Packet (separate)**



## BACKGROUND CHECK

### DISCLOSURE NOTICE & STATEMENT

Portal will open February 4, 2021

<p>General Information</p>	<p>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.</p>
<p>WHAT must I do to get the background check completed?</p>	<p>This is as easy as: <b>1, 2, 3:</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Visit <a href="http://www.BR-Solutions.net/SOWELA/">www.BR-Solutions.net/SOWELA/</a> (*Please have a credit or debit card available)</li> <li><b>2.</b> Enter in your appropriate personal information as indicated, as well as your payment details.</li> <li><b>3.</b> 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.</li> </ol>
<p>WHAT does the background check cost me?</p>	<p>The total cost to you for this background check will be:</p> <p style="text-align: center;"><b>\$40.00 (USD)</b> <b>+ 3% card processing fee</b></p>
<p>TIME FRAME for results being sent to SOWELA</p>	<p>Results for your background check being sent into SOWELA may take up to 3 - 10 days; however, normally, this process takes 2 - 4 days.</p>
<p>WHAT if I have trouble ordering the background check?</p>	<p>If you encounter any issues during the Background Check order process, please contact:</p> <p style="text-align: center;"><b>Background Research Solutions LLC</b>  <b>Post Office Box 3083</b>  <b>Slidell, Louisiana 70459</b>  <b>(985) 503-7911 (Main Office)</b>  <b>(877) 993-0661 (Fax &amp; eFax)</b>  <b>SOWELA@BR-Solutions.net (Support eMail) <a href="http://www.BR-Solutions.net">www.BR-Solutions.net</a> (Website)</b></p> <p style="text-align: center;"><small>Updated: 1/16/2019</small></p>

**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**

	Quantity	Size	Men's/Ladies'
Jacket/Lab Coat Lab Coat for Surgical Tech Only			
Top			
Pants			
Optional Jacket for Surgical Tech Only			

**See attached sheets for sizing chart information per piece**

**RETURN THIS PAGE WITH COMPLETED PROGRAM APPLICATION**



## 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



		CHEROKEE AUTHENTIC WORKWEAR										Sizing Chart	
<b>MODERN FIT</b>													
Size		XXS	XS	S	M	L	XL	2X	3X	4X	5X		
Chest		30"-31"	32"-33"	34"-35"	36"-38"	39"-41"	43"-46"	47"-50"	51"-54"	55"-58"	59"-62"		
Waist		22"-23"	24"-25"	26"-27"	28"-30"	31"-34"	35"-38"	39"-42"	43"-46"	47"-50"	51"-54"		
Hip		33"-34"	35"-36"	36"-37"	38"-40"	41"-44"	45"-48"	49"-52"	53"-56"	59"-62"	63"-66"		
<b>CLASSIC FIT</b>													
Size		XXS	XS	S	M	L	XL	2X	3X	4X	5X		
Chest		31"-32"	33"-34"	35"-36"	37"-39"	40"-43"	44"-47"	48"-51"	52"-55"	56"-59"	60"-63"		
Waist		23"-24"	24"-25"	26"-27"	28"-30"	31"-34"	35"-38"	39"-42"	43"-46"	47"-50"	51"-54"		
Hip		33"-34"	35"-36"	37"-38"	39"-41"	42"-45"	46"-49"	50"-53"	54"-57"	58"-61"	62"-65"		
<b>MEN'S UNISEX</b>													
Size		XXS	XS	S	M	L	XL	2X	3X	4X	5X		
Chest		29"-31"	32"-34"	35"-37"	38"-40"	42"-44"	46"-48"	50"-52"	54"-56"	58"-60"	62"-64"		
Waist		21"-23"	24"-26"	27"-29"	30"-32"	33"-36"	38"-40"	42"-44"	46"-48"	50"-52"	54"-56"		
Hip		29"-31"	32"-34"	35"-37"	38"-40"	42"-44"	46"-48"	50"-52"	54"-56"	58"-60"	62"-64"		

See product details for inseam information.

Maternity scrubs are also available:

Cherokee Professionals Brand

Top-WW68

Pant-WW220



**Men are to wear the following**

Top-WW690



Pant-WW140



**CHEROKEE**

CHEROKEE UNISEX & MEN'S									
SIZES	XS	S	M	L	XL	2X	3X	4X	5X
Bust	32 - 34	35 - 37	38 - 40	42 - 44	46 - 48	50 - 52	54 - 56	58 - 60	62 - 64
Waist	24 - 26	27 - 29	30 - 32	34 - 36	38 - 40	42 - 44	46 - 48	50 - 52	54 - 56
Hips	32 - 34	35 - 37	38 - 40	42 - 44	46 - 48	50 - 52	54 - 56	58 - 60	62 - 64

The approximate inseam measurements for Cherokee pants are: Regular Length, 31"; Unisex Workwear, 28"<sup>17</sup>; Unisex Short 29"; Tall, 36"

**Surgical Technology Required Lab Jacket**

Landau 3155  
Ladies



Landau 3145  
Men's



**WOMEN'S LAB COATS**

SIZE	0	2	4	6	8	10	12	14	16	18	20	40	42	44	46
Bust	29	30	32	33	34	35	36	38	40	42	44	46	48	50	52

**MEN'S LAB COATS**

Size	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62
Chest	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62
Waist	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56



**Surgical Technology Optional Jacket**



Ladies-LST241



Men's-ST241

*Women's Size Chart*

<b>Sizes</b>	<b>Back Body Length</b>	<b>Bust</b>	<b>Usual Size</b>	<b>Sleeve Length</b>
XS	26	37	2	32.5
S	26.5	39	4/6	33
M	27	41	8	33.5
L	27.5	44	12/14	34.125
XL	28	47	16/18	34.75
2XL	28.5	50	20/22	35.75
3XL	29	54	24/26	35.75
4XL	29.5	58	28/30	36.125

*Men's Size Chart*

<b>Sizes</b>	<b>Back Body Length</b>	<b>Full Body Width</b>	<b>Sleeve Length</b>
XS	27	41	34.75
S	28	44	35.5
M	29	47	36.25
L	30	50	37
XL	31	53	37.75
2XL	32	56	38.5
3XL	32.5	60	39.25
4XL	33	64	40