



SURGICAL TECHNOLOGY PROGRAM
APPLICATION CHECKLIST AND SCORING SHEET: AY 2020-2021

STUDENT NAME: _____ **STUDENT ID: L#** _____

Admission Requirements: ___ Met ___ Not Met ___ Admitted ___ Not Admitted (see reason on letter)

___ Accepted for ST ___ Not Accepted **GPA** _____

___ Test Scores ___ Exempt from testing **Final Score** /100 **Rank** ___ / 15

Referred from RN:

___ Eligible ___ Not Eligible ___ All Courses Completed ___ 2.7 Course GPA ___ C or better in courses

___ Contacted ___ Interested ___ Not Interested ___ Possible (decision by : / /) ___ No Response

___ **Return File to Lake Charles if RN Not Accepted (Dr. Waldmeier)**

Y	N	CHECKLIST FOR APPLICATION	
		Enrolled in SOWELA with L number and LoLA academic transcript (or Degree Works audit page)	
		"C" or better in all pre-req courses, previous college transcripts available (LoLA/SOAPCOL) and courses evaluated and accepted. Will need to complete course sub form _____	
		Copy of current driver's license or state ID attached	Expiration Date:
		Copy of current auto insurance card attached	Expiration Date:
		Copy of health insurance coverage card attached	
		Copy of current AHA HCP CPR card attached <i>**AHA mandatory**</i>	Expiration Date:
		Passport photos x 2 attached	
		Background Check complete and clear <i>** Results emailed to program director only- printed report**</i>	
		Course Curricular GPA (cumulative) _____	Overall GPA (transfer and non-curricular) _____
		Prerequisite credit hours earned at SOWELA _____ (if applicable)	
		Application and supporting documentation submitted before or by deadline; submitted organized and complete	
		Signed Health Forms (signature, statement, practice stamp)	
		Lab work reported (or titers) from H&P if performed (only if indicated /ordered by HCP)	
		<input type="checkbox"/> CBC <input type="checkbox"/> RPR <input type="checkbox"/> UA <input type="checkbox"/> CHEM panel <input type="checkbox"/> other (please list):	
		<input type="checkbox"/> Hep B Titer date: _____ Immune ___ Non- immune ___ Booster Date: _____	
		<input type="checkbox"/> Varicella Antibody ___ + POS ___ - NEG ___ Not required r/t HX of disease	
		<input type="checkbox"/> Rubella Screening date: _____ Booster Date: _____	
		<input type="checkbox"/> MMR date: _____ Immune ___ Non- immune ___ Booster Date: _____	
		Immunization records attached- see health records checklist for dates and expirations for privacy	
		<input type="checkbox"/> TDAP	<input type="checkbox"/> MMR
			<input type="checkbox"/> VARICELLA
		<input type="checkbox"/> INFLUENZA <1 year Expect in FALL semester	<input type="checkbox"/> PPD (if + then CXR) Date: _____ Date read: _____
			<input type="checkbox"/> HEP B
		<input type="checkbox"/> MENINGITIS	<input type="checkbox"/> Titer labs if needed (see above) and copies submitted with lab work/ booster performed

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SOWELA Course Number	Course Title	Transfer Credit Course Number	College	Credit Hours	Semester/Year	Grade	Points Awarded
BIOL 2253	API			3			
BIOL 2251	API Lab			1			
BIOL 2263	APII			3			
BIOL 2261	APII Lab			1			
ENGL 1010	English I			3			
MATH 1100	College Algebra			3			
HIST Elective	HIST 1010, 1020, 1210, 1220, 2010, 2020			3			
MEDL 1300	Medical Terminology			3			
SOC/BEH Science	See list of accepted courses			3			
COLLEGE PRE-REQUISITE COLLEGE PERFORMANCE <i>A=3 points; B= 2 points; C= 1 points (MAX 27 points)</i>							
SUBTOTAL							/27
PREVIOUS PROFESSIONAL EXPERIENCE (MAX 43 points)							
PROFESSION/DEGREE				POINTS POSSIBLE		POINTS AWARDED	
Associate or Bachelor’s Degree in the discipline of Math, Science, Physics, or Engineering (not Gen Ed)				10			
Associate or Bachelor’s Degree in the Gen Ed or other discipline				5			
Master’s Degree in any discipline				10			
Nursing or Allied Health Medical Career (Emergency Medicine, Clinical Lab, Radiology, Respiratory therapy for example)				15			
Dental Assistant/Hygienist, Nursing Assistant, Medical Assistant Career				2			
Medical Billing, Facility Admissions, Data Entry, Medical Office Assistant Career				1			
SUBTOTAL							/43
ADDITIONAL REQUIREMENTS (MAX 20 points)							
TASKS				POINTS POSSIBLE		POINTS AWARDED	
Submitted complete information by the deadline date				10			
In good standing with the college				5			
Only 1 attempt for consideration in ALL pre-requisite courses to earn a “C” or better				5			
Obtained all pre-requisite course hours at SOWELA Technical Community College				10			
SUBTOTAL							/30
Application Score _____ /100							