



**Department of Health Professions
Surgical Technology Program
Application for Spring 2024 Admission**

Dear Surgical Technology Applicant:

Thank you for your interest in the Health Professions programs at Missoula College of the University of Montana. As you prepare your application for submission, there are a few items to consider. This application is for the program itself. If you are not already enrolled at the Missoula College, you must complete a separate application for college/university admission (<https://www.umt.edu/admissions/apply/missoula-college>).

The program application process is your opportunity to present yourself for consideration into the Surgical Technology program. Your application will be evaluated and ranked in two steps and multiple categories. Each step in the process has been carefully considered and is a valuable asset to the application as a whole. Please be aware that in evaluating each applicant, attention will be paid to how well the application directions have been followed. An applicant may lose points if the packet is not complete. The following categories have been established for the program application; each individual component weighs equally to create your application score:

Step 1 Components:

- COVER LETTER
- ESSAY
- PROFESSIONAL REFERENCES
- WORK EXPERIENCE
- JOB SHADOW (waived due to continued impact on hospital clinical sites as a result of COVID pandemic after affects)
- GPA of PREREQUISITE COURSES:

Step 2 Component:

- A PERSONAL INTERVIEW will be conducted for each of the top 20 candidates. The interviews will be scheduled during the first week of December.

Applications must be received no later than Monday, October 2, 2023 at 5:00pm. We are eager to review your application and will provide feedback to you in a timely manner. However, please keep in mind we must wait until final grades are available at the end of fall semester in order to fully evaluate your transcript. If you have questions or concerns, please contact the Surgical Technology Program Director, Jill Davis, by phone at (406) 243-7876 or email at jill1.davis@umontana.edu for further information.

Pre-Program Requirements

WHEN TO APPLY: Students may apply to the Surgical Technology program in the semester in which they are completing the program prerequisite courses.

Prerequisite Courses

COURSE	COURSE TITLE	CREDITS
AHMS 144	Medical Terminology	3
BIOH 201N/202N	Human Anatomy and Physiology I with Lab	4
M 105	Contemporary Math	3
PSYX 100S -or- COMX 115S	Introduction to Psychology -or- Introduction to Interpersonal Communications	3
WRIT 101 -or- WRIT 121	College Writing I -or- Introduction to Technical Writing	3
Total Credits		16

Important Course Notes:

- **COURSE REPEAT LIMIT:** All prerequisite courses may be taken a maximum of 2 times ONLY.
- **COURSE AGE LIMIT:** If prerequisite courses were taken ten years (or more) ago, consult with Program Director.
- **GRADE / ACCEPTANCE for BIOH 201N/202N, Human Anatomy and Physiology I:**
 - Must be completed with a minimum grade of "B" (3.0 GPA)
 - Online A&P courses will NOT be accepted without prior approval.
- **GRADE REQUIREMENT for ALL OTHER COURSES:**
 - Must be completed with a minimum grade of "C" (2.0 GPA)
 - A grade of "C -" will NOT satisfy requirements.
- **SURG TECH PROGRAM CORE COURSES that can be taken in advance of program admission:**
 - BIOH 211N/212N, Human Anatomy and Physiology II lecture and lab
 - BIOM 250N/251N, Microbiology for Health Sciences lecture and lab

Application Instructions

- 1. DOWNLOAD / PRINT** this application packet, which is available from the Missoula College Health Professions application webpage at <http://mc.umt.edu/health/applications/>.
*** All pages of application (pp 6-13) and supporting documents MUST be submitted as single-side only prints.**
- 2. SCHEDULE** an advising appointment with Jill Davis, Program Director, if you have not done so already by contacting her at Jill1.Davis@umontana.edu or 406-243-7876.
- 3. REVIEW** both the program course and application requirements listed in this application packet. Each health program is unique in its admission and acceptance requirements. Program requirements are also listed in the current University of Montana catalog in the Department of Health Professions. If you have questions, it is important to consult your advisor or program director prior to applying.
- 4. COMPILE** the required material:
 - A. Application Form for Surgical Technology Program:** Please complete, sign and date
 - B. Cover Letter:** Your cover letter is the most important part of your application. It introduces you to the selection committee and explains why you want to be accepted into the program.
It is very important that your letter meets these requirements:
 - The cover letter should be between 200 and 300 words, no longer than 1 page, printed in 12-point font, single-spaced, with one-inch margins.
 - Introduction
 - Why you are interested in the field of surgical technology?
 - Personal characteristics that make you a good candidate
 - ConclusionPlease use a formal letter format, with complete thoughts and your signature. Include your current address and phone number.
 - C. Essay:** Research the profession for which you are applying.
Essays should be a maximum of 500 words (plus title and reference pages), printed in 12-point font and double-spaced with one-inch margins. The paper should cite three references and include the following:
 - Introduction
 - Personal characteristics and physical demands required to be successful
 - Description of the working environment including hours typically worked
 - Places of employment
 - Duties, roles and responsibilities
 - Requirements for certification
 - Definition of program accreditation
 - Conclusion
 - Reference page to cite any sources used within your essay
 - D. Work Experience Form:** Please include both paid and volunteer work.

(continued on next page)

Application Instructions (continued)

- E. References** Included in this packet are three copies of the two-page Reference Form.
- ***Please provide three professional references.*** For example, this might include a current or past employer, supervisor, or college instructor (NOT a family member, friend, or pastor).
 - ***You are required to sign the first page of each Reference Form IF you waive your right to see the completed reference.*** Also, fill in your name at the top of all reference form pages.
 - ***Provide the 2-page reference form AND a standard-size, self-addressed envelope*** to each recommender.
 - ***Please inform your recommender to use the 2-page Reference Form AND that accompanying letters of recommendation are highly encouraged.***
 - ***Request the recommender return the envelope to you*** (not to the program) **AND** to sign the envelope across the sealed flap.
 - ***Each reference form for submission to the program*** must be in a sealed envelope with the recommender signature across the envelope flap. Any evidence of tampering with the sealed reference will cause it to become void.
- F. Transcripts, Evaluation of Transfer Courses and/or Waivers** --Please submit the following:
- ***Transcripts (unofficial is fine) from ALL colleges/universities attended.*** You must provide transcripts for ALL transfer coursework even if those courses appear on another college's transcript.
 - ***For courses currently in progress, only if*** they do not appear on your transcript, you must then provide some form of documentation, for example, a course schedule.

5. **SUBMIT** the application packet **by Monday, October 2, 5:00pm** in a sealed **9 x 12 inch** envelope.

Record on outside of envelope:	Include required documents per detailed steps provided:	Submit using either method below:
<ul style="list-style-type: none"> ✓ Program Name ✓ Your Name ✓ Your Address ✓ Your Phone ✓ Preferred E-mail 	<ul style="list-style-type: none"> <input type="checkbox"/> Program Application Form (completed, signed and dated) <input type="checkbox"/> Cover Letter <input type="checkbox"/> Essay <input type="checkbox"/> Work Experience Form <input type="checkbox"/> 3 References <input type="checkbox"/> Transcript(s) 	<ul style="list-style-type: none"> • <u>Drop off</u> in one of the white drop boxes outside of the Dept Office MC 441 on level 4 of Missoula College building. -OR- • <u>Mail to</u> Surgical Tech Program Missoula College 1205 East Broadway St. Missoula, MT 59802

IMPORTANT NOTES:

- ▶ It is the **applicant's responsibility** to allow ample time for mailing.
- ▶ Each application packet will be date-stamped upon receipt.
- ▶ An email will be sent to the applicant to confirm the packet has been received.

Selection Process

1. **EVALUATION:** Applications will be read and evaluated by three committee members.
2. **INTERVIEWING:** Selected applicants will receive notification of a predetermined interview date. Applicants will then choose from interview timeslots available on a first-come, first-served basis. These candidates will be required to participate in the interview process for final consideration for program selection. Applicants not selected to interview will also be notified.
3. **FINAL SELECTIONS:** The committee make final selections for admission offers only after semester final grades are known. The decisions from this committee are final. Surgical Technology faculty reserve the right to decline any applicant based on the application packet, interview process, and readiness for the program.

Currently, the program has more applicants than there are positions available. There is no waiting list. Students compete with all who are applying to the Surgical Technology Program. Students not accepted into the program after two application attempts should request advice from career counseling regarding their educational options.

4. **FINAL DECISIONS / ADMISSION OFFERS:** All applicants will be emailed about their application status as soon as decisions are finalized.
 - Information regarding status will be communicated via email to the applicant's "preferred" email address as indicated on application page 6 (next page).
 - Please do not call or email regarding your status because this may only delay the process.
5. **APPLICANTS OFFERED ADMISSION MUST NOTIFY US of intent to ACCEPT OR DECLINE admission.**
 - Written notification via email **MUST be received within ten (10) business days** of receipt of the admission offer letter.
 - Email the Department Administrative Associate (TBA), with a copy to Jill Davis.
Failure to do so will result in another candidate being chosen to fill the space.

DEPARTMENT ADMINISTRATIVE ASSOCIATE	PROGRAM DIRECTOR
email TBA	jill1.davis@umontana.edu
(406) 243-7846	(406) 243-7876

6. **REGISTER FOR COURSES:**
 - Once you have notified the program of your decision to accept program admission, **you must register for courses on Cyberbear immediately because classes begin promptly.**
If you do not register, your place will not be saved.
 - **If your circumstances change & prevent you from attending, immediately notify us via email:** Email Cyndi Stary or Jill Davis so an alternate candidate can be informed in a timely manner.

IF NOT ADMITTED: In the event you are not admitted into the program, you may schedule an advising appointment with the Surgical Technology Program Director to discuss why and formulate a plan "B".

NOTE: In order to ensure fairness to all applicants the dates of application receipt, notifications, etc. will be documented. Therefore, your timely response(s) are critically important in guaranteeing your place in the program. We must have accurate contact information throughout the process to ensure we can reach you.

Thank you for your interest in the Missoula College Surgical Technology Program!

Application to Surgical Technology for 2024 Admission

This application is for students applying to the program to begin in January 2024 and includes required pages 6-13.

- *You must have completed, or will complete by the end of fall semester*, all prerequisite courses or their approved equivalent.
- *If you are not already enrolled at Missoula College*, you must also complete an application for admission which is available at <https://www.umt.edu/admissions/apply/missoula-college>

**** All pages of this application MUST be completed legibly & printed single-side only, including supporting docs ****

Personal Information

Full Legal Name:

LAST

FIRST

MIDDLE

Previous Names(s), if any:

LAST

FIRST

MIDDLE

◆ Last four (4) digits of Social Security Number _____ ◆ UM/MC Student ID# 790-_____

◆ Veteran Status**: Non-veteran Veteran

** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. "Veteran" is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

◆ Current Mailing Address (if not accurate through Dec. 2020, enter date address is valid through) _____

Street / Apt# / PO Box _____

City _____ State _____ Zip _____ Phone () _____ - _____

◆ Permanent Mailing Address (if same as above, check this box and skip to next item)

Street / Apt# / PO Box _____

City _____ State _____ Zip _____ Phone () _____ - _____

◆ Email Addresses

Please check the email that you prefer us to use to communicate with you about your application status.

◆ UM/MC Student Email Address _____

◆ Personal Email Address _____

Once admitted to the program, students will be required to have a criminal background check and an OIG review (Office of Inspector General). A drug screen may also be required. Healthcare agencies that are utilized for clinical and/or internship experiences require this evaluation. Students with positive checks and/or screenings will be denied clinical experience in the healthcare agency. If a student is denied agency access, there will be no placement at an alternate site, and the subsequent inability of the student to complete their clinical education will result in their inability to continue in the Surgical Technology program.

Your signature indicates that you have read and understand the above paragraph, and that all information submitted in your application packet is accurate.

Date _____ Signature _____

Work Experience Form

Medical Work Experience (Paid or Voluntary)

Name and address of facility	Job Title	Job Responsibilities	Dates Employed	Hours per week

General Work Experience

Name and address of facility	Job Title	Job Responsibilities	Dates Employed	Hours per week

Reference Form #1

(page 1 of 2)

_____ is applying to the Missoula College Department of Health Professions Surgical Technology Program.
(APPLICANT PRINTED NAME)

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If the applicant waives their right, the recommender's response will not be shared with the applicant at any point.

As the applicant, I do waive my right to see this reference.

Applicant Signature _____ **Date** _____

If you wish to have a copy of your completed reference form, ask your recommender to provide you with a copy. Copies will not be provided to applicants by Missoula College.

Request to Recommender:

The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success.

- **Your candid, honest responses to the questions we ask are important** to all concerned. We ask therefore, that you take the time to consider each response carefully. Accompanying letters of recommendation are highly encouraged.
- **And, we request your prompt attention** as the applicant has a deadline to submit materials.

The applicant will provide an envelope for your reply.

- **Please return the envelope to the applicant sealed and with your name written across the glued portion of the flap.** Any evidence of tampering with the seal of the envelope will disqualify the applicant.
- The applicant will then submit the sealed/signed envelope with other application materials.

Thank you.

Please provide the following information:

Date: _____

Name and Title of Recommender: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

How long have you known the applicant and in what capacity?

Name of Applicant: _____ (REFERENCE FORM #1, page 2 of 2)

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check "N/A."

Applicant Characteristics to be Evaluated:	Top 10%	Top 25%	Upper 50%	Lower 50%	N/A
	Outstanding	Above average	Average	Below Average	Unknown
Interacts well with co-workers, employers, others					
Effectively communicates orally					
Has clear written communication					
Is an effective team member					
Responds positively to criticism					
Is appropriately assertive					
Exhibits ethical behavior consistently					
Is self-motivated					
Displays initiative and creativity					
Prioritizes tasks appropriately					
Analyzes and solves problems					
Requests assistance appropriately					
Accomplishes tasks in a timely manner					
Is present when expected....reliable					
Is an effective team leader					
Interacts respectfully with diverse individuals					
Dress and personal care are appropriate					
Language is professional					
Demonstrates kindness and compassion					
Able to laugh at him/herself					
Able to function with safety for self and others					
Exhibits qualities you would like to have in someone taking care of you					

Additional Information:

Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

In order to help us evaluate this recommendation form, please answer the following:

- The evaluation characteristics were clear and easy to rate yes no
- This evaluation form allows a fair picture of the applicant yes no
- The evaluation process took an acceptable amount of time yes no

Reference Form #2

(page 1 of 2)

_____ is applying to the Missoula College Department of Health Professions Surgical Technology Program.
(APPLICANT PRINTED NAME)

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If the applicant waives their right, the recommender's response will not be shared with the applicant at any point.

As the applicant, I do waive my right to see this reference.

Applicant Signature _____ **Date** _____

If you wish to have a copy of your completed reference form, ask your recommender to provide you with a copy. Copies will not be provided to applicants by Missoula College.

Request to Recommender:

The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success.

- **Your candid, honest responses to the questions we ask are important** to all concerned. We ask therefore, that you take the time to consider each response carefully. Accompanying letters of recommendation are highly encouraged.
- **And, we request your prompt attention** as the applicant has a deadline to submit materials.

The applicant will provide an envelope for your reply.

- **Please return the envelope to the applicant sealed and with your name written across the glued portion of the flap.** Any evidence of tampering with the seal of the envelope will disqualify the applicant.
- The applicant will then submit the sealed/signed envelope with other application materials.

Thank you.

Please provide the following information:

Date: _____

Name and Title of Recommender: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

How long have you known the applicant and in what capacity?

Name of Applicant: _____ (REFERENCE FORM #2, page 2 of 2)

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check "N/A."

Applicant Characteristics to be Evaluated:	Top 10%	Top 25%	Upper 50%	Lower 50%	N/A
	Outstanding	Above average	Average	Below Average	Unknown
Interacts well with co-workers, employers, others					
Effectively communicates orally					
Has clear written communication					
Is an effective team member					
Responds positively to criticism					
Is appropriately assertive					
Exhibits ethical behavior consistently					
Is self-motivated					
Displays initiative and creativity					
Prioritizes tasks appropriately					
Analyzes and solves problems					
Requests assistance appropriately					
Accomplishes tasks in a timely manner					
Is present when expected....reliable					
Is an effective team leader					
Interacts respectfully with diverse individuals					
Dress and personal care are appropriate					
Language is professional					
Demonstrates kindness and compassion					
Able to laugh at him/herself					
Able to function with safety for self and others					
Exhibits qualities you would like to have in someone taking care of you					

Additional Information:

Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

In order to help us evaluate this recommendation form, please answer the following:

- The evaluation characteristics were clear and easy to rate yes no
- This evaluation form allows a fair picture of the applicant yes no
- The evaluation process took an acceptable amount of time yes no

Reference Form #3

(page 1 of 2)

_____ is applying to the Missoula College Department of
(APPLICANT PRINTED NAME) Health Professions Surgical Technology Program.

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If the applicant waives their right, the recommender's response will not be shared with the applicant at any point.

As the applicant, I do waive my right to see this reference.

Applicant Signature _____ **Date** _____

If you wish to have a copy of your completed reference form, ask your recommender to provide you with a copy. Copies will not be provided to applicants by Missoula College.

Request to Recommender:

The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success.

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- The applicant will then submit the sealed/signed envelope with other application materials.

Thank you.

Please provide the following information:

Date: _____

Name and Title of Recommender: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

How long have you known the applicant and in what capacity?

Name of Applicant: _____ (REFERENCE FORM #3, page 2 of 2)

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check "N/A."

Applicant Characteristics to be Evaluated:	Top 10%	Top 25%	Upper 50%	Lower 50%	N/A
	Outstanding	Above average	Average	Below Average	Unknown
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Demonstrates kindness and compassion					
Able to laugh at him/herself					
Able to function with safety for self and others					
Exhibits qualities you would like to have in someone taking care of you					

Additional Information:

Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

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- The evaluation characteristics were clear and easy to rate yes no
- This evaluation form allows a fair picture of the applicant yes no
- The evaluation process took an acceptable amount of time yes no