



**FRANKLIN TECHNOLOGY CENTER**  
A D U L T E D U C A T I O N

# Surgical Technology

Information Guide and Application - 2019

August 07, 2019 - April 29, 2020

**Deadline for applications is May 31, 2019**

## FRANKLIN TECHNOLOGY CENTER

Mills Anderson Justice Center, Suite 50

3950 East Newman Rd

Joplin, MO 64801

Phone: 417-659-4400

Fax: 417-659-4408

Email: [gaylaroper@joplinschools.org](mailto:gaylaroper@joplinschools.org)

Program Coordinator: Gayla Roper

Phone: 417-625-9802

[gaylaroper@joplinschools.org](mailto:gaylaroper@joplinschools.org)



## **Surgical Technology**

### 1090 Clock Hour Certificate Program

The Surgical Technologist, also called the Operating Room Technician, is an integral member of the surgery team. Surgical Technologists work with registered nurses, surgeons, anesthetists, and other personnel- delivering patient care before, during, and after surgery.

The Surgical Technologists have many responsibilities that require knowledgeable skills. Along with those skills, they must also possess integrity and honesty. Individuals will develop a Surgical Conscience that enables students to put the needs of the patient first.

*Duties of the Surgical Technologist are:*

- *Create and maintain a sterile field in the operating room,*
- *Assist the surgeon by handing surgical instruments and supplies during surgery*
- *Aid surgeon in achieving exposure for visualization purposes*
- *Provide general assistance to the surgeon*
- *Operate surgical equipment.*

Classroom subjects covered include Anatomy and Physiology, Microbiology, Pharmacology, Surgical Techniques, Surgical Procedures and Patient Care. Clinical experience is gained in area hospitals under the supervision of faculty and staff in the operating room and ancillary departments. Mock lab sessions introduce the student to surgical techniques and patient care issues.

Graduation from an Accredited Program of Surgical Technology is required to sit for the National Certification Exam. Franklin Technology Center's graduates are eligible to sit for the certification exam, included in the tuition.

The Franklin Technology Center's Surgical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Accreditation provides assurance that students have received an education that meets nationally accepted standards.

For information about CAAHEP, contact them at:

CAAHEP  
35 East Wacker Drive, Suite 1970  
Chicago, IL 60601-2208  
(312) 553-9355

The Surgical Technology curriculum is based on the Core Curriculum developed by the Association of Surgical Technologists (AST). It represents the minimum outcomes to be expected in entry-level education and prepares the students for the Certification Exam in Surgical Technology. Certification is the way to demonstrate expertise in surgical technology to prospective employers, the health care community, and the public. AST strongly supports the certification of surgical technologists.

For information about AST, contact them: AST

7108-C South Alton Way  
Englewood, CO 80112-2106  
(800) 637-7433

**\*\* Instruction subject to change, as determined by FTC.**

## APPLICATION PROCEDURE

### STEP 1

In order to be considered for the Surgical Technology Program, the first step in the process is receiving this packet with enclosed materials and completing this section in full. Once received and reviewed for completeness, you will move to STEP 2.

PLEASE DO THE FOLLOWING EASY CHECKLIST:

- \_\_\_\_ Read information sheet about surgical technology
- \_\_\_\_ Review program cost sheet and keep
- \_\_\_\_ Complete application form on both sides and sign
- \_\_\_\_ Turn in application along with \$50 application fee
- \_\_\_\_ All applicants must contact the financial aid coordinator at (417) 625-9865

Please direct all correspondence and inquiries to:

Franklin Technology Center at MSSU  
Surgical Technology Program  
3950 East Newman Road  
Joplin, MO 64801-1595  
Telephone: (417) 625-9802  
Fax: (417) 659-4408

**After completing STEP 1, you will be sent another packet - STEP 2;** in which you will be asked to complete or provide:

- GED or High School
  
- Completed Criminal Background Check, Drug screens & Background checks done through VALIDITY, Drug Screen Consent Forms, and immunization information.
  
- Complete TEAS (Test of Essential Academic Skills) entrance exam (you will be contacted in the spring regarding the test schedule)

Applicants for whom English is a second language may be required take the Test of English as a Foreign Language (TOEFL iBT) test. Non-English speaking applicants must meet the same general admission requirements as all other applicants. The TOEFL tests are offered only at selected sites and select dates in Missouri. Applicants are responsible for making their own arrangements for taking the TOEFL tests.

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**FRANKLIN TECHNOLOGY CENTER**

**Surgical Technology**

## FRANKLIN TECHNOLOGY CENTER

### Surgical Technology

Beginning date: August 07, 2019 ~ Ending Date: April 29, 2020

Non-Refundable Application Fee of \$50.00 is required prior to acceptance into program.

Tuition\*\*: \$10,150.00

Supplies, Books, and Fees\*\*:

\$2,317.00 **GRAND TOTAL: \$12,467.00**

Revised 02/2019

### Tuition Withdrawal Policy

A Title IV refund is completed on all financial aid recipients. The Title IV refund is calculated per payment period. If a student completes 60% of a payment period, a Title IV refund is not required.

NOTE: Any Title IV financial aid returned by FTC to the Direct Loan(s) and/or the US Dept. of Ed for Pell Grants will be charged back to the students account and will be his/her responsibility.

#### Institutional charges are due as follows: Days=class days

Student withdraws during the first 4 days of the pay period - 2% due *\*Fees, books, and supply fees will be assessed on usage*

Student withdraws from the 5th day through the 9th day of the pay period - 5% due

Student withdraws from the 10th day through the 15th day of the pay period - 10% due

Student withdraws from the 16th day through 21st day of the pay period - 20% due

Student withdraws from the 22nd day through the 30th day of the pay period - 40% due

Student withdraws after 30th day of pay period - 100% due

All costs including tuition, books, and supplies are considered institutional costs and are figured in the refund calculation. *\*Fees, books, and supply fees will be assessed on usage.*

All Credit balances must be eliminated before a Title IV refund calculation can be performed.

All Students completing a withdrawal form and received a Direct loan are required to complete an exit counseling session online at [www.nslds.ed.gov](http://www.nslds.ed.gov)

School will determine the student's withdrawal date as the last date the student ceased attendance.

All Title IV funds WILL BE RETURNED no later than 45 days after it determines the student withdrew.

NOTE: If a student withdraws (a leave of absence is not included) from a program and wishes to re-enter at a later time, he/she will be responsible for any previous tuition, books, and fees owed and any additional and/or increased tuition, books, and fees of the rear re-entered. If tuition has increased the student will be responsible for the additional costs. The re-entry request must be approved by the Program Coordinator and Director of FTC before a student can begin in the program. If a student withdraws twice from any program at FTC he/she will not be allowed to re-enter ANY FTC program.

# Franklin Technology Center

## Surgical Technology Program Application

Date received: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Agency: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Copy to Bookkeeper \_\_\_\_\_  
2nd Packet Sent \_\_\_\_\_

### PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(City) (State) (Zip)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EDUCATIONAL HISTORY

I graduated in \_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_  
(MM/YY) (Name of School) (City) (State)

I completed my GED in \_\_\_\_\_ in the state of \_\_\_\_\_.  
(MM/YY)

Have you completed any college coursework? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_  
(Include state)

List any college degrees or vocational certificates held: \_\_\_\_\_

### EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

2. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

3. \_\_\_ I have not been employed outside the home.

### EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

**CRIMINAL BACKGROUND CHECK:**

All applicants applying for FTC programs will be required to undergo a criminal background check, through VALIDITY. Failure to accurately list information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

**Have you ever been convicted as an adult offender of any crime?**     Yes     No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter                           | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Arson | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Robbery |
| <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Assault | <input type="checkbox"/> Murder   | <input type="checkbox"/> Sexual Offender                                  |
| <input type="checkbox"/> Other (Specify) _____                            |   |   |

**LICENSURE:**

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

**Have you ever been denied a health license in this or any other state?**     Yes     No

**DRUG SCREENING:**

As part of the final steps in the selection process Surgical Technology applicants may be required to submit to a drug screening.

**PROGRAM INFORMATION:**

Have you ever previously applied for any Health Science program?     Yes     No  
Where? \_\_\_\_\_

Have you taken any entrance exam for a program?     Yes     No  
Which test have you taken?     HOBET     TABE

How did you hear about the Surgical Technology program?  
 Radio     School Sign     Friend     Other  
 TV     Brochure     Newspaper

**THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).**

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

**NOTICE OF CONFIDENTIALITY:**

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_