Aloha, Surgical Technology Program Applicant!

Thank you for considering the Surgical Technology Program at Kapi'olani Community College (KCC) as you pursue a career as a surgical technologist and begin the journey towards completing the surgical technology program. Additional information is provided below to assist you with applying to the KCC Surgical Technology Program.

Pre-Application Advisory:

The attached surgical technology application packet contains the “KCC Admissions Application/Checklist Form” and application instructions for the KCC Surgical Technology Program to be offered in the Fall 2015.

To ensure that your application is completed properly, thus enabling the KCC Nursing Department to consider your application, please be sure to read and follow all of the instructions within the application packet. If an error is made by you or an item is left blank or not completed by you within your application, your application will be deemed incomplete and you will not be considered for admission.

If an item is left blank or a supporting application document (i.e., STAR Academic Transcript) is not attached or if an application instruction is not adhered to, the KCC Nursing Department will deem the application as incomplete.

Post-Application Advisory:

After submitting your surgical technology program application to the KCC Nursing Department by the application deadline of June 1, 2015, you will be notified of your application status by June 12, 2015.

If admitted into the Surgical Technology Program in the Fall 2015, accepted students must complete the following:

1. Health requirements by July 17, 2015;
2. Drug screening and criminal background check by June/July 2015;
3. Fall 2015 Surgical Technology Program’s New Student Orientation Session on August 7, 2015.

Additional information on the aforementioned items will be provided within the notification letters for accepted and alternate students.

Application Assistance:

If you need assistance with completing the surgical technology program application, please visit with a Nursing Department Counselor/Advisor during the walk-in advising period on Tuesdays at 9:00 a.m. to 12:00 p.m. and on Wednesdays at 1:00 p.m. to 4:00 p.m. in the Kōpiko Building, Room 201. For additional questions, please contact the Nursing Department at (808) 734-9305 or kapnurs@hawaii.edu.
Aloha, Surgical Technology Program Applicant!

Thank you for considering the Surgical Technology Program at Kapi‘olani Community College (KCC) as you pursue a career as a surgical technologist and begin the journey towards completing the surgical technology program. Additional information is provided below to assist you with applying to the KCC Surgical Technology Program.

Academic Transcript Process:

If you’ve completed any of the prerequisite courses through coursework completed outside of the University of Hawai‘i (UH) System, please be sure to complete the procedures below as part of your application to the surgical technology program.

a. For applicants who completed non-credit version of the prerequisite courses within or outside of the University of Hawai‘i (UH) System, please attach copies of the Certificates of Completion for each course.

b. For applicants who completed the credit-based version of the prerequisite courses within the UH System, please attach a copy of your STAR academic transcripts. After completing the chart referenced on page 2 of the application, please highlight all prerequisite courses within your STAR academic transcript using a yellow highlighting pen.

c. For applicants who complete the credit-based versions of the prerequisite courses outside of the UH System, please attach student copies of your academic transcripts to your application. As an additional step, please submit official transcripts from outside of the University of Hawai‘i System to the KCC Nursing Department by the application deadline.

MyPlan for the Surgical Technology Program

On a separate sheet of paper, please describe how you will prepare for the surgical technology program by addressing each item below. At the top of the document, please use the title “MyPlan for the Surgical Technology Program” and indicate your name. The MyPlan document should address how you will ensure the following:

- Approximately 25-30 hours of study time per week;
- Reliable computer access and proficient computer skills;
- Financial resources to pay for tuition/fees and books each semester;
- Reliable transportation in preparation for your clinical practicum;
- Reliable child care to adhere to program schedule;
- Able to take care of your health to complete program requirements;
- Able to balance commitments to school, family and work.

Applying Advisory: The MyPlan essay will not be scored or used to rank applicants, but will be used for informational purposes to determine the applicant’s readiness for the rigors of the surgical technology program. There is no minimum or maximum words for the essay as each applicant may determine the length and quality of his/her essay. Please attach your MyPlan essay to your application.

Application Notification Requirement (via U.S. Postal Service)

In order for your notification letter to be sent to you by mail, you must attach a self-addressed, stamped envelope with your surgical technology program application. The envelope (measuring 9 ½ inches by 4 inches) should have your current mailing address with the appropriate postage (e.g., USPS “Forever” stamp) on the envelope.

On the envelope, the mailing address should be typed or handwritten with legible print. The Nursing Department will not be responsible for notification letters that are delayed or not mailed accordingly by the U.S. Postal Service due to incorrect or illegible mailing addresses as printed on the envelope.

Applying Assistance: Please be sure to complete the above application instructions. If the instructions are not completed, your application will be deemed incomplete and you will not be considered for admissions. If you need assistance with completing the surgical technology program application, please visit with a Nursing Department Counselor/Advisor during the walk-in advising period on Tuesdays at 9:00 a.m. to 12:00 p.m. and on Wednesdays at 1:00 p.m. to 4:00 p.m. in the Kōpiko Building, Room 201.
SURGICAL TECHNOLOGY PROGRAM - Certificate of Competence
Admissions/Application Checklist Form

Fall 2015 Semester Application Period: May 1, 2015 to June 1, 2015

Submit Application to:
KCC Nursing Department
Kōpiko Building, Room 201
4303 Diamond Head Road
Honolulu, HI 96816

Application Advisory: Applications may be hand-delivered or mailed in to the KCC Nursing Department. Applications will not be accepted via fax or e-mail.

For More Information, Contact:
KCC Nursing Department
Kōpiko Building, Room 201
4303 Diamond Head Road
Honolulu, HI 96816
Tel: (808) 734-9305
E-Mail: nursapp@hawaii.edu

Directions: Please complete each item carefully and submit this Application Form (pages 1-2) and all required documents to the KCC Nursing Department by the application deadline. Additional information on the application and acceptance process is provided on the attached pages 3-5.

APPLICANT INFORMATION

Name: ____________________________________________________________
        (Last Name, First Name, M.I.)

UH ID# or Username: ____________________________ Birth Date: ____________________________
        (Month/Day/Year)

Mailing Address:
        (Street Address)   (City)   (State)   (Zip Code)

Phone: Home: ____________________ Cell: ____________________ Work: ____________________

Email Address: ____________________________________________________

List other name(s) used on documents: ____________________________________________

APPLICANT CERTIFICATION: I certify that the answers and responses provided for all of the items on this Application Form (on pages 1 and 2) are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University’s Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I have read and agree to abide by the application policies within pages 3-5.

Date: ____________________ Signature: ____________________

rev. 04/22/2015
APPLICATION FORM for Surgical Technology Program in Fall 2015

APPLICANT NAME: ____________________ UH ID# or Username: __________________
(Last Name, First Name and M.I.) DATE: __________________

1. ENGLISH COMPETENCY REQUIREMENT: Complete one of the items (A or B)
   A. Complete the COMPASS (English) Placement Test with a reading score of 79 or higher
      • Test Date: _______________ • Reading Score: _______ • Testing Location: __________________
   OR
   B. Completion of English 100 (or other equivalent course, if completed at another institution).
      • Course Title: ________________________ Grade Received: ______
      • Course Completion Date: ____________________ (e.g., Fall 2014)
      • Institution Name (where course completed): __________________
      • Official (non-UH System) Transcript sent to KCC on: __________________________

2. PREREQUISITE COURSES: (See page 3 for additional instructions.)
   A. For applicants who completed non-credit courses, please attach copies of the Certificates of Completion for each course.
   B. For applicants who completed credit course(s) within the UH System, please attach a copy of your STAR academic transcripts and highlight all courses listed below within your STAR academic transcript using a yellow highlighting pen.
   C. For applicants who completed credit course(s) outside of the UH System, please be sure have official academic transcripts sent from your previous school to the KCC Nursing Department.

<table>
<thead>
<tr>
<th>PREREQUISITE SUBJECT REQUIREMENT</th>
<th>Instructions: Check appropriate box and provide other required information as needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Credit Course Option</td>
</tr>
<tr>
<td>BIOLOGY (Human Anatomy &amp; Physiology)</td>
<td>□ Surgical Technology – Biology (Anatomy and Physiology) Completion Dates: __________ Course No.: ________________</td>
</tr>
<tr>
<td></td>
<td>□ Other: ____________________ Completion Date: ____________________ Grade: ___ Institution Name: ____________________</td>
</tr>
<tr>
<td>MICROBIOLOGY</td>
<td>□ Surgical Technology – Microbiology Completion Dates: __________ Course No.: ________________</td>
</tr>
<tr>
<td></td>
<td>□ Other: ____________________ Completion Date: ____________________ Grade: ___ Institution Name: ____________________</td>
</tr>
<tr>
<td>MEDICAL TERMINOLOGY</td>
<td>□ Medical Terminology Completion Dates: __________ Course No.: ________________</td>
</tr>
<tr>
<td></td>
<td>□ Other: ____________________ Completion Date: ____________________ Grade: ___ Institution Name: ____________________</td>
</tr>
</tbody>
</table>

3. COLLEGE TRANSCRIPTS for courses completed outside of the University of Hawai‘i System: Official transcript(s) must be sent to the KCC Nursing Department. Please complete items below. (See page 3 for additional instructions.)
   • Institution: __________________________ Transcript Request Date: __________

4. LETTER OF REFERENCE: Please attach a letter of reference from a current or previous employer attesting to your work habits and general abilities. (See page 3 for additional instructions.)

5. MyPLAN for the Surgical Technology Program: Please write and attach a paper describing how you plan to complete the Surgical Technology Program. (See page 3 for instructions and what must be addressed in your plan.)

For Nursing Department Use Only:
□ No STAR/College Transcripts □ Prerequisite Course(s) Expired □ Did Not Complete Prerequisites:
□ No Admiss App Form □ No Letter of Reference □ No MyPlan □ Gender: M / F □ Qualified / Not Qualified

rev.04/22/2015
EXPLANATION OF ADMISSION CHECKLIST (page 2) – Surgical Technology Program

Item 1  The English competency requirement may be fulfilled via one of the options below.

Option A – Placement Test.
i. Complete the COMPASS (English/Reading) Placement Test at the KCC Placement Test Center in the Lama Building, Room 101. Bring a picture I.D.
ii. Request two (2) copies of your test results. **Submit one copy with your application. Keep the second copy for your records.**
iii. A COMPASS Reading Score of 79 or higher is required for entrance into the Surgical Technology program.
iv. The placement test is valid for 2 years. If more than one test is taken, the highest score will be used. You may retake the test based on the current test retake policy for Kapiʻolani Community College.
v. The placement test can be taken at any of the Community Colleges within the University of Hawaiʻi System.

Option B – Placement Test Waiver by English Course Completion
i. If you completed English 100 with a grade of “C” or higher within the past ten years, you do not need to take the placement test.
ii. If the course was completed at a campus outside of the University of Hawaiʻi (UH) System, you must have official transcripts sent directly to the KCC Nursing Department in order to evaluate the English course you completed. To be considered for transfer, a course description must accompany each course taken outside of the UH system.
iii. Courses completed outside the UH System and which were evaluated by UH System schools (other than Kapiʻolani Community College) will also need to be evaluated by the KCC Nursing Department.
iv. If the course was completed at a campus within the UH System, transcripts do not have to be sent to the KCC Nursing Department.
v. If there are any questions or concerns about the transferability of the course, it is recommended that you complete the placement test.

Item 2  Completion of Prerequisite Courses: All prerequisite courses must be completed with a grade of “C” or higher by the application deadline. Biology, Microbiology and Zoology courses must be current within five (5) years prior to the first day of the application period. Courses must be taken on an “A-F” grade basis except for credit-by-examination for which a “CR” may be accepted. Pass/Fail is accepted only if the institution uses Pass/Fail exclusively for their grading system. Courses with no letter grade will be assigned a “C” grade, depending on the institution’s grading system which describes the grade equivalent for pass/fail.

a. For applicants who **completed non-credit version of the prerequisite courses** within or outside of the University of Hawaiʻi (UH) System, please attach copies of the Certificates of Completion for each course.

b. For applicants who **completed the credit-based version of the prerequisite courses within the UH System**, please attach a copy of your STAR academic transcripts. After completing the chart referenced on page 2 of the application, please highlight all prerequisite courses within your STAR academic transcript using a yellow highlighting pen.

c. For applicants who **complete the credit-based versions of the prerequisite courses outside of the UH System**, please attach student copies of your academic transcripts to your application. As an additional step, please submit official transcripts from outside of the University of Hawaiʻi System to the KCC Nursing Department by the application deadline.

Item 3  College Transcripts and Transfer Credit Evaluation
a. For required courses completed at a campus outside of the University of Hawaiʻi (UH) System, you must have official transcripts sent directly to the KCC Nursing Department in order to have these courses evaluated. To be considered for transfer, a course description must accompany each course taken outside of the UH system.

b. For required courses completed outside the UH System and which were evaluated by UH System schools (other than Kapiʻolani Community College), these courses will also need to be evaluated by the KCC Nursing Department.

c. For required courses completed at a campus within the UH System, you do not have to have transcripts sent to the KCC Nursing Department.

Item 4  Letter of Reference: Please attach to your application a letter of reference from a current or previous employer attesting to your work habits and general abilities.

Item 5  MyPlan for Surgical Technology Program: Please write a comprehensive paper that describes how you plan to complete the Surgical Technology Program, ultimately addressing the items below.

a  Ensuring approximately **25-30 hours of study time outside of class** each week;
b  Ensuring that you have the **financial resources** to pay for your tuition, fees, books and equipment for each phase;
c  Ensuring that you will be **able to adjust your work schedule** to focus on completing the program;
d  Ensuring that you have **reliable transportation** as part of your preparation for your clinical practicum;
e  Ensuring that you have **reliable child care** as part of your preparation for the program (if applicable);
f  Ensuring that you will be able to **maintain proper health requirements** for the program;
g  Ensuring that you have **reliable computer access and proficient computer skills** in preparation for the program;
h  Ensuring that you will be able to **take care of your health** in preparation for the rigors of the program;
i  Ensuring that you will be able to **balance your commitments** to school, family and work.
EXPLANATION FOR ACCEPTANCE – Surgical Technology Program

A. Minimum Requirements for Acceptance
1. Completion of COMPASS (English) Placement Test with a reading score of 79 or higher or completion of ENG 100;
2. Completion of prerequisite course in biology;
3. Completion of prerequisite course in microbiology;
4. Completion of prerequisite course in medical terminology;
5. Letter of recommendation
6. MyPlan for the KCC Surgical Technology Program

B. Acceptance Criteria
1. All applicants who meet the minimum requirement are considered for acceptance via a lottery.
2. Applicants are notified of their application status by mail.

C. Post-Acceptance Requirements
1. Health Requirements for Accepted Students: Accepted students will be notified of health requirements with specific information requirements and forms that must be completed in order to register. The health requirements below will vary by facilities.
   a. Current certificate for CPR for Professionals
   b. Current certificate for First Aid
   c. Two-step tuberculosis clearance (card or physician’s report) within the past 12 months.
   d. Positive Rubella titer blood test.
   e. Positive Measles titer blood test.
   f. Positive Mumps titer blood test.
   g. Positive Varicella (Chicken Pox) titer blood test.
   h. Positive Hepatitis B titer (HbsAb) with signed consent form or 3 Hepatitis immunizations with signed consent form.
   i. Physical examination completed by a primary care provider confirming health status and ability to fulfill the technical standards for the nursing program (as described on page 5).
   j. Vaccinations for influenza, tetanus, diphtheria and pertussis.
   k. Verification of personal health insurance.

2. Purchase of Medical Malpractice Liability Insurance: Accepted students will purchase the KCC medical malpractice liability insurance at a cost of fifteen dollars ($15) via the KCC Continuing Education/Registration Office when they register for their courses and pay for their tuition and related fees.

3. Criminal Background Check for Accepted Students: A criminal background check and urine drug screening to be completed via the clinical facility. See “Health Care Student Notification” below.

HEALTH CARE STUDENT NOTIFICATION
Health care students are required to complete University-prescribed academic requirements that involve clinical practice in a University-affiliated health care facility with no substitution allowed. Failure of a student to complete the prescribed clinical practice shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete affiliated health care facility criminal background checks and drug testing requirements in accordance with procedures and timelines as prescribed by the affiliated health care facility.

SURGICAL TECHNOLOGY PROGRAM – TUITION, BOOKS AND SUPPLIES

Surgical Technology Program (8-Months; 736 hours; non-credit program)

Tuition and Fees for Fall 2015 and Spring 2016:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Dates</th>
<th>Hours (non-credit)</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Technology – Phase I</td>
<td>August 24, 2015 – October 2, 2015</td>
<td>124</td>
<td>$2,100</td>
</tr>
<tr>
<td>Surgical Technology – Phase II</td>
<td>October 5, 2015 – November 13, 2015</td>
<td>160</td>
<td>$2,100</td>
</tr>
<tr>
<td>Surgical Technology – Phase III</td>
<td>November 16, 2015 – January 22, 2016</td>
<td>148</td>
<td>$2,100</td>
</tr>
<tr>
<td>Surgical Technology – Phase IV</td>
<td>January 25, 2016 – March 4, 2016</td>
<td>164</td>
<td>$2,100</td>
</tr>
<tr>
<td>Surgical Technology – Phase V</td>
<td>March 7, 2016 – April 20, 2016</td>
<td>140</td>
<td>$2,100</td>
</tr>
</tbody>
</table>

Other Surgical Technology Requirements:
• Textbook and Module/Lecture Notes (Approximate Cost: $532);
• Assessment Exam (Approximate Cost: $247);
• Shoes and Safety Glasses (Approximate Cost: $134);
• KCC Photo ID badge (Approximate Cost: $3 per badge).
• Other program costs may be added.

rev.04/22/2015
## TECHNICAL STANDARDS

In order to familiarize yourself with the physical requirements for students entering a nursing program or surgical technology program at Kapi’olani Community College, please review the “Technical Standards for the Department of Nursing Program” as referenced below.

### Kapi’olani Community College
Technical Standards for the Department of Nursing Program

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>hearing</td>
<td>Ability sufficient to monitor and assess health needs.</td>
<td>Converse with patients and health care professionals; auscultation of BP breath, heart and bowel sounds; respond to paging systems, bells, telephones, and equipment sounds.</td>
</tr>
<tr>
<td>mobility</td>
<td>Mobility and strength sufficient to support and move patients.</td>
<td>Support and transfer patients, move in and out of treatment areas. Reach equipment or parts of patient’s body.</td>
</tr>
<tr>
<td>motor skills (fine &amp; gross)</td>
<td>Perform multiple motor tasks simultaneously. Ability to lift, move, position, and transfer patients sufficient to provide safe and effective nursing care.</td>
<td>Maneuver and operate equipment, pushing/pulling/carrying, perform CPR.</td>
</tr>
<tr>
<td>tactile</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Distinguish hot or cold skin temperature, pulse rate; feel anatomical landmarks. Distinguish textures, degree of firmness, temperature differences.</td>
</tr>
<tr>
<td>visual</td>
<td>Ability sufficient for observation and assessment necessary in nursing care. Have peripheral form depth perception and ability to distinguish shades of color</td>
<td>Describe patient's skin color, perform calibrations on syringes, administering medications, thermometers, reading and writing patient's charts/flow sheets/monitors; interpret regent tests, color of body fluids, changes in skin color.</td>
</tr>
</tbody>
</table>