IMPORTANT NOTICE

Due to the COVID-19 situation and staff working remotely, **the quickest and <u>PREFERRED METHOD</u> of submitting your application is by email to <u>healthadmissions@wccnet.edu</u>.** Please scan or take pictures of each application page (front & back if applicable) along with any supporting documentation. Remember to include a copy of the front **<u>AND</u>** back of your driver's license or state ID card.

If you are unable to email your application, send it by mail to the address located in the packet below. However, please note there may be a **1-2 week delay** before our office receives your application due to limited access and visit's to WCC's main campus at this time.

Please <u>DO NOT FAX</u> your application! At this time, we do not have access to check our fax machine.

Please note that upon receipt of your application, an email confirmation is usually sent within 1-2 business days.

If you have any questions or concerns about completing or submitting your application, please contact our Health and Second Tier Admissions Office at <u>healthadmissions@wccnet.edu</u> or leave a message at (734) 973-3596 or (734) 477-8998. Please note that returned calls will come from a "No Caller ID' number due to working remotely.

WCC Student ID: _____   Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Former/Previous Names: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____)_____ Cell Phone: (____)_____ Work Phone: (____)_____

WCC Email/netID: _____ Other Email: _____

REQUIRED CHECKLIST

All of the requirements below **must** be successfully completed **before** submitting an application to the program.

____ 1. **Admission to WCC**
      An admission application to the school can be submitted on WCC's website at www.wccnet.edu/apply.

____ 2. **Program Prerequisite Courses**
      Please indicate how you met each requirement below.

      ____ a. **MTH 125 (Everyday College Math) or MTH 160 (Basic Statistics) or MTH 176 (College Algebra) or a math course numbered 176 or higher with a minimum grade of C/2.0**

      _____
      _____
      School   Subject   Course   Grade or GPA   Credits   WCC Equivalent (if applicable)

      ____ b. **HSC 101 (Healthcare Terminology) or HSC 124 (Medical Terminology) with a minimum grade of B-/2.7**

      _____
      _____
      School   Subject   Course   Grade or GPA   Credits   WCC Equivalent (if applicable)

      ____ c. **BIO 111 (Anatomy & Physiology – Normal Structure and Function) with a minimum grade of B-/2.7**
      *Student's may use multiple courses and labs to meet requirement. If taken between multiple schools, a substitution must be submitted by the department.

      _____
      _____
      School   Subject   Course   Grade or GPA   Credits   WCC Equivalent (if applicable)

___ 3. **Verification of High School Diploma or GED (prior to clinical courses)***

    ___ **I am a high school graduate or GED recipient:** You <u>must</u> include a copy of your GED, High School Equivalency Certificate, high school diploma, or high school transcript with posted graduation date.

    ___ **I am <u>currently enrolled</u> in a high school or GED program and expect to graduate prior to my clinical courses in semester 4:** You <u>must</u> include verification of your current enrollment. Upon graduation/completion, you <u>must</u> submit verification to the Program Director. If verification is not submitted prior to semester 4, you will <u>NOT</u> be eligible to continue in the program.

    *Completion of college courses and/or a college degree <u>DOES NOT meet this requirement</u>. If your high school is located outside the United States, verification <u>must</u> be in the English language. If a translation is done, it must be completed through a translation company.

___ 4. **18 Years of Age (prior to clinical courses)**
Students must be 18 years old prior to starting clinical courses in semester 4.
    ___ Must include a copy of your **Driver's License, State ID Card, Passport, or Birth Certificate.**

___ 5. **Program Application and Requirements Checklist** (this form)

___ 6. **Additional Information Form**

___ 7. **Abilities Statement**

___ 8. **Residency Verification**
The student's residency status may be updated accordingly based on the documentation submitted.
    ___ Include a copy of the <u>front and back</u> of your **Driver's License or State ID Card**.

<u>**OPTIONAL CHECKLIST**</u>
The items below are **not required to apply** to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which could give you a more competitive edge.

___ 1. **Military or Veteran Status**
    ___ Submit appropriate documentation to verify status if currently serving or **DD-214**.

___ 2. **Alternate Candidate Status**
Students who made alternate candidate status and did <u>not</u> make admission to the program based on a previous application will be awarded additional points.
    ___ Previously given Alternate Candidate status; Semester(s):_____

I have successfully completed <u>all required</u> checklist items and I have included all documentation needed to verify these requirements.

Student's Printed Name: _____ **Student ID:** _____

Student's Signature: _____ **Date:** _____

SUBMITTING APPLICATIONS

Applications and all documentation can be submitted in one of the ways listed below. Applications must be **received** by WCC's Health and Second Tier Admissions Office on or prior to the application deadline. To confirm receipt, an email is sent approximately 1-2 business days after an application is received.

- In-person: Submit to Student Connection (2nd floor, Student Center)
- Email*: Send to healthadmissions@wccnet.edu
- Fax*: (734) 677-5408 (Attn: Health & Second Tier)
- Mail**: Health & Second Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105

*We recommend calling to confirm legibility of documents if faxing or emailing. If requested, original documents must be submitted to complete your application.
**We recommend tracking your application if sending by mail.*

Students with questions or concerns regarding WCC's competitive admission process or submitting an application to the program should contact the Health and Second Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

Additional information is provided below that is important and pertains to the program. **Please carefully read __all__ statements.**

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements/criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and __if__ offered admission, you must meet all program requirements of the **catalog term** in which you **first begin** the program.

    a. Program applications are semester specific and only valid for the semester in which you applied. If your application is closed for any reason and wish to be reconsidered for admission to the program, you will need to meet current admission requirements and submit a new application to a future semester.

    b. Each year, approximately 20 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.

2. This program utilizes WCC's Competitive Admission Process for determining admission to the program. Please read the *Admission to High Demand Programs* policy and reviewed WCC's *Point Scales for All Programs* document on WCC's websites below. The *Point Scales for All Programs* document includes details on how items are calculated and awarded towards the program application.

    - Admission to High Demand Programs*:* http://www.wccnet.edu/trustees/policies/2005/
    - Point Scales for All Programs: http://www.wccnet.edu/studentconnection/admissions/health-second-program/

3. Please read and review the information found on the department's website below for more important information regarding the program.

    - Surgical Technology at WCC: http://health.wccnet.edu/surgicaltechnology/

4. WCC sends **all communications** regarding application and admission statuses directly to your WCC student email address. It is extremely important that you check your WCC email on a regular basis so you do not jeopardize your status. Please be aware that WCC assumes any information sent to your WCC email has been received and reviewed. It is also important to keep your contact information current in the College system (including addresses, emails, phone number). If WCC is unable to contact you regarding your application and/or you do not respond to any contacts made by WCC, **your application be closed**. Contact information can be update online through your *WCC Gateway* account by clicking on *MyWCC* and then *Personal Information*, at Student Connection (2nd floor, Student Center), or by calling (734) 973-3543.

    a. Residency status is a factor when determining application points. For information on WCC's policies and procedures regarding residency or to learn of additional documentation that can be submitted to verify residency, please visit WCC's website below.

        - Residency: www.wccnet.edu/residency

5. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application requirements. Information regarding transfer credit can be found on WCC's website below:

    - Transfer Credit: http://www.wccnet.edu/services/transferresources/credittowcc/

    a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisites requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review. Also, please be aware that if two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required courses, you **must** meet the minimum grade requirement in **each** course (grades are not averaged between the two courses). **WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.**

6. Upon acceptance to the program, the **Entrance Requirements** below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.

    a. Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.

    b. Obtain a criminal background check from the college-designated vendor and submit completed health records. Any student found to have a positive drug screen for drugs prohibited by State of Michigan or Federal law (including marijuana) or controlled substances will not be admitted to the program. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the mandatory orientation.

    c. Students who fail to comply or meet the above requirements will forfeit their seat in the program.

7. If there are not enough applicants to fill all accepted and/or alternate seats by the initial application deadline, the application will remain open until all seats are filled. As soon as all seats are filled, the application will close and be removed from WCC's website. At that time, applications will no longer be collected. In the event the application remains open after the initial deadline, students with incomplete applications who anticipate meeting all requirements by the end of the **Spring/Summer 2020** semester are encouraged to apply for a possible conditional status. All applications (complete or incomplete) submitted after the initial application deadline are considered for a position based on the date the application was received. If multiple applications are received in a single day, the applicants position is chosen based on a lottery.

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: _____ **Student ID:** _____

Student's Signature: _____ **Date:** _____

Admission into the Surgical Technology program is contingent upon students declaring that they have specific physical and cognitive abilities. These requirements are detailed below. WCC reserves the right to request that students successfully demonstrate the specific physical and cognitive abilities related to the program.

Abilities Necessary for Attainment of Core Competencies in the Surgical Technology Program

The student MUST be able to:

1. Speak clearly in order to communicate with patients, families, health care team members, peers, and faculty.

2. Stand and walk for six (6) to ten (10) hours per day.

3. Bend, squat, and kneel.

4. Possess sufficient strength to push/pull objects more than fifty (50) pounds and to transfer objects of more than one-hundred (100) pounds.

5. Perform CPR, i.e. move above patient to compress chest and manually ventilate patient.

6. Work with arms fully extended overhead.

7. Possess manual dexterity, i.e. use hands for grasping, pushing, pulling, and other fine motor manipulation, including legible writing and typing.

8. Demonstrate eye-hand coordination and arm-hand steadiness for manipulation of equipment, i.e. syringes, procedures.

9. Possess tactile ability to differentiate changes in sensation as part of the patient assessment.

10. Possess auditory acuity to note slight changes in the patient's condition, i.e. lung sounds, bowel sounds, vital signs, etc.

11. Possess auditory acuity to hear patient's calls for assistance without facing the patient.

12. Possess auditory acuity to interpret various equipment signals and alarms and use the telephone.

13. Possess visual acuity to read and distinguish colors, to read handwritten orders and other handwritten or printed patient data, i.e. medical records, medication labels.

14. Possess visual acuity to clearly see and read electronic monitors, syringes, and scales in order to correctly interpret data.

15. Concentrate on details with moderate amount of interruptions, such as patient requests, IV pumps/alarms, calculating drug dosages, etc.

16. Attend to tasks/functions for periods up to sixty (60) minutes in length and to attend to tasks/functions for periods exceeding sixty (60) minutes in length.

17. Possess sufficient emotional control to exercise independent judgment and discretion to ensure patient safety.

18. Understand and relate to specific ideas, concepts, and theories generated and simultaneously discussed.

19. Remember tasks and assignments given to self and others over both short and long periods of time.

I have read these statements and believe I meet the above requirements.

Printed Name: _____   **Student ID:** _____

Signature: _____   **Date:** _____