TCL Division of Health Sciences Program
Application Checklist & Instructions
Surgical Technology Program
Fall 2015 program entry

Applicant Name: ____________________________

Instructions
Initial and date each item below prior to submission. Schedule an appointment with a Health Sciences advisor to review and submit your completed checklist. You will receive a Health Sciences surgical technology program application if checklist is complete and all required documents are in your Health Sciences folder. Completed applications must be accompanied by a receipt from the TCL cashier’s office for the $50 nonrefundable application fee.

Student initial & date

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<td>1.</td>
<td>Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for &gt;1 year.</td>
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<td>2.</td>
<td>Verify official transcripts, from high school (or GED) and all colleges previously attended, have been received and a copy is in your Division of Health Sciences advisement folder. <strong>NOTE: It is the student’s responsibility to follow up with Student Records for transfer of credits.</strong></td>
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| 3. | List ALL colleges attended  
  ____________________________________________________________  
  ____________________________________________________________  
  ____________________________________________________________ |
| 4. | Biophysical science course credits and mathematics course credits must be earned within five years of admission to any Health Science program. |
| 5. | Eligible to take BIO 112 prior to entry into the program. |
| 6. | Have you been accepted into the TCL surgical technology program in the past? Circle **Yes** or **No** |
| 7. | Met face-to-face with a Health Sciences advisor within the past six months. Circle **Yes** or **No** |
8. Score at least a 60 (adjusted individual total score) on the TEAS V and:
   a. Minimum TCL GPA of 2.5, GPA of 2.5 from last college attended if no TCL GPA, or
   b. Minimum high school GPA of 2.5 for students graduating within 12 months of application date
   OR
   Score at least a 57 (adjusted individual total score) on the TEAS V and complete the following courses:
      AHS 103, BIO 112, PSY 201, ENG 101, & CPT 101 or CPT 170 with a combined course GPA ≥ 2.75

   The TEAS test may only be taken twice within a 12 month period from date of first test. Effective
   January 3, 2012, only the highest score will be considered; However, copies of ALL TEAS Test Results
   must be included (not just those taken within the past 12 months).
   Date(s) Taken: ________ _________ Individual Score: ________ _________

9. Applicants with two or more failures (D, F, WF) in required non-SUR courses (AHS 103, BIO 112, ENG
    101, PSY 201, CPT 101, or CPT 170) within the last five years must:
   a. Score at least a 60 (adjusted individual total score) on the TEAS V
   b. Complete the following courses: AHS 103, BIO 112, PSY 201, ENG 101, & CPT 101 or CPT 170 with
      a total TCL GPA ≥ 2.75.
   OR
   Applicants with two or more failures (D, F, WF) in Surgical Technology courses have one opportunity
   for admission. Applicant must:
   c. Score at least a 64 (adjusted individual total score) on the TEAS V
   d. Complete all non-Surgical courses in the program of study (AHS 103, BIO 112, ENG 101, PSY 201,
      & CPT 101 or CPT 170) with a total TCL GPA ≥ 2.75. Biology courses must be completed within 18
      months of the date of application.
   e. Wait a minimum of two academic years from time of second failure to apply.

10. I understand that if accepted into the program:
    a. I must attend a mandatory orientation on the date stated in my acceptance letter.
    b. I must maintain a TCL GPA of at least 2.5 to enter the program.
    c. I must have access to a computer and internet as some surgical technology courses have an online
       component.
    a. I must be able to attend clinical rotations at sites within a 60 mile radius of the Beaufort or New
       River campus which may include weekend and evening rotations.
    d. I must be eligible and able to attend all clinical sites utilized by the surgical technology program.
    e. I will be required to complete a drug screen and background check. If I have concerns about
       findings that may be present on my background check, I must schedule a meeting with the Dean
       upon receiving my acceptance letter.

Applicant signature __________________________ Date __________________________

Given an application  YES  NO

Advisor signature __________________________ Date __________________________