

**TCL Division of Health Sciences Program Application Checklist & Instructions
Central Sterile Processing Technician Certificate Program (CSPT)**

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 Central Sterile Processing Technician Certificate Program application if checklist is complete and all required documents are in your Health Sciences folder.

**Student initial
& date**

	1. Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for >1 year.
	2. List ALL colleges attended: _____
	3. Verify <u>official</u> transcripts from <u>high school</u> (or GED) and <u>all colleges</u> previously attended have been received by TCL and a copy has been placed in my folder located in the Health Sciences office. NOTE: It is the student's responsibility to follow up with Student Records for transfer of credits.
	4. Biophysical science course credits and mathematics course credits must be earned within seven years of admission.
	5. Eligible to take BIO 112 prior to entry into the program.
	6. Minimum GPA of 2.25 from most recent college attended OR minimum high school GPA of 2.25 if no college attended.
	7. Have you met face-to-face with a Health Sciences advisor within six months of application submission? Circle Yes or No
	8. I understand that if accepted into the program: <ul style="list-style-type: none"> a. I must maintain a TCL GPA of at least 2.0 to remain in program. b. I must have access to a computer. c. I must be able to attend clinical rotation at sites within a 60 mile radius of the Beaufort or New River campus. d. 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. e. I will be required to provide updated health documents and complete clinical information for various agencies at admission and throughout the program. f. I will be required to provide documentation of valid health insurance for the duration of the program. g. I must maintain valid AHA BLS certification for the duration of the program.

Signature of applicant

Date

Given an application YES NO

Advisor signature

Date