



Date received in the Health Science Office:

**Kirtland Community College**  
**REQUEST FOR ADMISSION TO SURGICAL TECHNOLOGY**

**SURGICAL TECHNOLOGY**  
**Fall 2012**

Please submit this ***Request for Admission*** to Surgical Technology application to the Health Science Office at Kirtland Community College between **December 1, 2011 and March 1, 2012.**

By mail: 10775 N. St. Helen Rd., Roscommon, MI 48653

By fax: 989-275-6715

For questions, please call: 989-275-5000 ext. 281 or 372

**\*\*\*Please print legibly\*\*\***

Applicant's Name \_\_\_\_\_ KCC ID# \_\_\_\_\_

Area code/phone number(s) \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

e-mail address \_\_\_\_\_

**Acceptance letters will be mailed to the above address, so please update the Health Science Office with changes.**

**I anticipate my prerequisite course work to be completed at the conclusion of the:**

- fall 2011 semester     winter 2012 semester     summer 2012 semester

*Applicants will be notified of tentative acceptance into the program by the first week in June.*

**Checklist:** These items must be completed and submitted prior to application to the program.

- Official transcripts from all previous college coursework submitted for evaluation
  - Overall GPA of at least 2.5
  - No outstanding financial obligation to Kirtland Community College
  - Completed program prerequisites (completed or anticipated dates of completion)
  - Criminal background check
  - Required Program Performance Standards document
  - Applied to Kirtland Community College and declared surgical technology as your program of study
  - Met with program advisor in the Health Science Office to review required coursework
  - Current Healthcare Professional CPR    Exp. Date \_\_\_\_\_
- } **See attachments**

**(Must remain current throughout the program)**

I have completed all of the above requirements and request that my name be placed on the ranked tracking list for review. **I understand that program requirements may change at any time and that placement on the list is not a guarantee of entry into the surgical technology program.** I accept all responsibility for completing all program requirements to become eligible for the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Kirtland Community College:

## Prerequisites for Surgical Technology

The minimum grade must be achieved within two attempts to remain eligible for the Surgical Technology program.

NAME: \_\_\_\_\_

KCC ID: \_\_\_\_\_

<i>Requirement</i>	<i>Course Name</i>	<i>Credits</i>	<i>Minimum Grade Required</i>	<i>Earned Grade</i>	<i>Expirations (Recommended)</i>	<i>Semester &amp; Year Taken</i>
<b>The following prerequisites and general education requirements must be completed prior to admission to the Surgical Technology Certificate Program.</b>						
ALH 10101	Medical Terminology	2	C		Within 5 years of program entrance	
BIO 23500	Anatomy & Physiology I	4	C+		Within 5 years of program entrance	
BIO 23600	Anatomy & Physiology II	4	C+		Within 5 years of program entrance	
MTH 12000	Intermediate Algebra or competency	4	C		Within 5 years of program entrance	
ENG 1000	Writing Lab or competency	1	S		Within 5 years of program entrance	
ENG 10303	English Composition I	3	C		Within 5 years of program entrance	
CIS 10500	Intro to Computers or competency	3	C		Within 5 years of program entrance	
<b>The following additional courses must be completed for the Associate Degree.</b>						
ENG 10403	English Composition II	3	C		Within 5 years of program entrance	
POL 10100	Introduction to American Government	3	C			
PSY 10100	Intro to Psychology	3	C			
SPE-10500 or SPE-11400	Fundamentals of Speech or Introduction to Interpersonal / Public Communication	4	C			
(see Catalog	Humanities Elective	2-3	C			
	Elective, if needed	0-2	C			



# Kirtland Community College:

## Required Program Performance Standards for Admission and Progression

A student in a Kirtland Community College Health Science Program must have the following abilities with or without accommodation. **Failure to meet these criteria may result in denial of admission or progression within the Health Science Program. If, after admission, it is discovered that the student cannot meet the criteria below the student will be dismissed from the program.** Individuals with a documented disability must follow guidelines in the College Catalog.

- I. Critical Thinking
  - A. Critical thinking ability sufficient for clinical judgment and problem solving.
  - B. I am able to identify cause-effect relationships in clinical situations.  
 Yes       No
  
- II. Interpersonal
  - A. Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
  - B. I am able to consistently and appropriately communicate therapeutically by listening and using verbal and non-verbal communication methods. I will exhibit a professional appearance and attitude in all situations. I will treat everyone with dignity and respect.  
 Yes       No
  
- III. Mental Stability
  - A. Non-disruptive, positive attitude with a mental capacity to function effectively under stress.
  - B. I have the ability to control my behavior in the classroom, laboratory, and clinical setting.  
 Yes       No
  
- IV. Mobility
  - A. Physical abilities sufficient to move from room to room and maneuver in small spaces.
  - B. I have the ability to move around in patient rooms, work spaces, treatment areas, lift at least 35 pounds, transfer, squat, pull at least 100 pounds, push without any restrictions, and climb 50 stairs. I can stand for up to 2 hours, walk quickly, and move in crowded spaces while using hands.  
 Yes       No
  
- V. Motor Skills
  - A. Gross and fine motor abilities sufficient to provide safe and effective patient care.
  - B. I am able to calibrate and use equipment, with the ability to position patients/clients.  
 Yes       No
  
- VI. Hearing
  - A. Ability to hear sufficiently to monitor and assess health needs.
  - B. I am able to hear very soft sounds and distinguish/describe different sounds sufficient to monitor alarms, emergency signals, sounds heard through the stethoscope, and patients' verbal requests.  
 Yes       No
  
- VII. Visual
  - A. Visual acuity sufficient for observation and inspection necessary in patient care.
  - B. I am visually able to distinguish shades of color, perceive depth, and see peripherally with visual acuity sufficient to observe patient/client responses, with the ability to read calibration measurements and fine print material.  
 Yes       No
  
- VIII. Tactile
  - A. Tactile/touch ability sufficient for physical inspection.
  - B. I am able to perform palpation/touch to determine swelling, temperature, bumps and lumps, etc. This will contribute to performing and reporting physical findings.  
 Yes       No

- IX. Smell  
 A. Ability to distinguish smells to monitor and assess patients.  
 B. I am able to accurately describe odors sufficiently to monitor and assess patients.  
 Yes       No
- X. Skin Integrity  
 A. Ability to generally maintain skin integrity of hands and arms.  
 B. If I have a latex allergy or sensitivity I will discuss it with my health care provider and meet with the Associate Dean of Health Sciences and sign a receipt of information.  
 Yes       No
- XI. Immunity  
 A. Immunity from communicable diseases with vaccine (documentation required).  
 B. I will provide a copy of my immunization record documenting compliance with currently required vaccinations.  
 Yes       No
- XII. Controlled Substances  
 A. Free of illegal use of controlled substances or illegal drugs.  
 B. I will remain free of illegally used controlled substances and illegal drugs throughout the Health Science programs. I understand that drug testing may be required at any time throughout the Health Science programs.  
 Yes       No
- XIII. Criminal Activity  
 A. Agree to disclose all previous criminal history, complete fingerprint process, and refrain from criminal/illegal activity while enrolled in the program.  
 B. I will report all arrests and convictions to Associate Dean within **48** hours of the occurrence.  
 Yes       No
- XIV. HIPAA/Confidentiality/Social Networking  
 A. Each student in a Health Science Program will be held accountable for compliance with HIPAA requirements and institutional policies regarding confidentiality, privacy and social networking.  
 B. I will maintain confidentiality of protected health information of all clients that I care for in the clinical setting. I will also maintain privacy and follow all requirements of HIPAA and institutional policies of clinical sites.  
 Yes       No

I read all of the above statements and understand that I will be accountable for meeting all of these criteria throughout my Health Science Program.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Print name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please indicate your program of study:

- Level I Nursing**  
 **Level II Nursing**  
 **Pharmacy Tech**  
 **Sonography**  
 **Surgical Tech**



# Kirtland Community College:

## Required Immunizations for Health Science Students

Name of Student: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Please indicate your program of study:

- Level I Nursing     
  Pharmacy Tech     
  Sonography     
  Surgical Tech  
 Level II Nursing

### *Immunization Records or Lab Results*

<b>Please submit documentation</b> for the following Immunization & Tuberculin Skin Testing Requirements after you have been notified of acceptance into the Health Science Program you have chosen. Failure to submit records by July 1, 2012 may result in your application not being considered for the program.	
<b>Hepatitis B:</b>	3 doses of vaccine: Students are advised to obtain anti-HBs serologic testing 1-2 months after dose #3. (This immunization is not required for the Pharmacy Tech program.)
<b>Measles:</b>	2 doses of live virus vaccine after the first birthday or documented serologic evidence of immunity.
<b>Mumps:</b>	2 doses of live-virus vaccine after the first birthday or documented serologic evidence of immunity.
<b>Rubella:</b>	1 dose of live-virus vaccine after the first birthday or documented serologic evidence of immunity.
<b>Varicella:</b>	2 doses of vaccine or documented serologic evidence of immunity. (Pharmacy Tech program students should discuss this immunization with Cynde Kochensparger.)
<b>Td/Tdap:</b>	After primary vaccination, 1 Td booster dose within the last 10 years. Students younger than 65 years of age should be given a one-time dose of Tdap.
<b>Influenza:</b>	Students are advised to receive 1 dose annually after September 1 <sup>st</sup> .
<b>Tuberculin Skin Testing (TST):</b>	<p>Mantoux intradermal two-step skin test after you have been notified of acceptance into the health science program you have chosen.</p> <p>A two-step Tuberculin Skin Test is one test followed by a second test in 1-4 weeks. If student has documentation of a negative two-step within 1 year, a single Mantoux TST is acceptable thereafter.</p> <p>Students with previous positive Mantoux skin test who are unable to be skin tested will require a chest x-ray within the last year and completion of <u>KCC Tuberculin Symptom Questionnaire</u> by Health Care Provider.</p>

The above requirements are based on Healthcare Worker Vaccination Recommendations from the (ACIP) Advisory Committee on Immunization Practices, (CDC) Centers for Disease Control. For additional information visit [www.vaccineinformation.org](http://www.vaccineinformation.org) and [www.cdc.gov/tb](http://www.cdc.gov/tb)

For questions regarding the above immunization requirements, please contact:

**Cynde Kochensparger, RN, BSN**  
 Nursing Clinical Coordinator  
 989-275-5000 ext. 306      Fax: 989-275-6715  
 e-mail: [cynde.kochensparger@kirtland.edu](mailto:cynde.kochensparger@kirtland.edu)

**PLEASE ATTACH A COPY OF YOUR OFFICIAL IMMUNIZATION RECORD AND/OR REPORT OF LABORATORY EVIDENCE.**

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*For Health Science Office only*

Date all requirements met: \_\_\_\_\_ Reviewed/Approved \_\_\_\_\_



**Kirtland Community College  
Health Science Department  
2012-13 Surgical Technology Program**

**Re: Fingerprinting Background Check**

Dear Applicant to a Health Science Program:

Recently the State of Michigan legislature revised the existing Michigan Public Health Code to require health care workers working in a variety of settings have a FBI criminal background check which includes fingerprinting. This includes students prior to placement in a clinical facility. Some of you may have been previously fingerprinted as a student or health care employee. Unfortunately we aren't able to accept that report and the process must be repeated for Kirtland Community College.

Based on this legislation, Kirtland Community College will require all students to complete this fingerprinting process prior to final acceptance in a health science program. There are multiple misdemeanor and felony convictions that could legally prevent us from placing you in a clinical facility. Therefore it wouldn't be possible to complete the educational objectives in the health science programs.

Unfortunately, the cost of the background check isn't covered by any college fees and therefore becomes the responsibility of the student in advance of final placement in the health science program you have chosen. The cost of the service is approximately **\$61.25** and payment arrangements are made when registering. Payment methods are American Express, Discover, MasterCard, Visa, or Money Order.

Enclosed you will find a *LiveScan Fingerprint Request Form* with the MSP Agency Requestor **ID number (5236L)** along with instructions for scheduling an appointment. There are numerous locations in Michigan where the LiveScan Fingerprint can be done. Please remember that you must take the *Livescan Fingerprint Request Form* and a photo ID to the appointment. Appointments can be made by calling 1-877-838-4903 or on the web at [www.cogentid.com](http://www.cogentid.com).

The Livescan fingerprinting must be completed at the time of application to the program.

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**If Kirtland Community College doesn't receive your report during the application period, you cannot be considered for the program the eligibility list.**

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Please contact me if you have questions. I may be reached at (989) 275-5000 ext. 306 or [cynde.kochensparger@kirtland.edu](mailto:cynde.kochensparger@kirtland.edu)

Sincerely,

*Cynde Kochensparger*, BSN, RN  
Nursing Clinical Coordinator

# Livescan Fingerprinting Services

Scheduling an appointment in Michigan for Livescan Fingerprinting with **Cogent ID** is easy, whether you use our secure web scheduling or call and speak to one of our friendly, experienced Representatives (877-838-4903)

**www.cogentid.com**

Telephone Registration call Toll Free MICHIGAN 877-838-4903  
FAX 888-874-9345

## ONLINE REGISTRATION Instructions :

1. Log on to: [www.cogentid.com](http://www.cogentid.com)
2. Click the Michigan Link icon
3. Click Cogent MAPS
4. Complete the registration process (including payment)
  - Click Register Online (under REGISTRATION)
  - Make sure your registration name and address match exactly to the information on your photo ID.
  - MSP Agency Requestor ID: 5236L
  - Reason Fingerprinted: CPE (CPE NCPA/VCA (PL 103-209) National Child Protection Act
  - When steps 1-4 are completed, a UNIQUE CODE (a Registration ID) will be provided to the applicant. This code will be brought to the fingerprint site with a valid form of picture ID to conduct fingerprinting.
5. The Fingerprinting Print Site Locations can be found on the following website: [https://www.cogentid.com/mi/index\\_MI.htm](https://www.cogentid.com/mi/index_MI.htm)
6. Complete the LIVESCAN FINGERPRINTING REQUEST form and bring it with you to the Print Site Location when you go to have your fingerprinting done.

See the LIVESCAN FINGERPRINT REQUEST form for all required registration information.

### Note:

At the fingerprint site your Cogent Registration ID will be used to gather your registration information. This registration information MUST match the demographic information included on your valid photo ID. You CANNOT be fingerprinted unless this information matches.

# LIVESCAN FINGERPRINT REQUEST

Date Fingerprinted: \_\_\_\_\_ Type of Picture ID Presented: \_\_\_\_\_

## APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name \_\_\_\_\_

Last, First, Middle

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

State or County of Birth \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

MSP Agency Requester ID: **5236L**

For: Kirtland Community College Health Science Programs

Reason Fingerprinted (choose CPE):

**CPE – CPE NCPA/VCA (PL 103-209) National Child Protection Act**

Fee Total: **\$61.25**

\*\*Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. \*\*



**CONSENT FORM FOR  
CRIMINAL BACKGROUND PROCESS/DOCUMENTS  
For Health Science Students**

The Michigan Public Health Code requires health care workers working in a variety of settings to have a FBI criminal background check which includes fingerprinting. This includes students prior to placement in a clinical facility. Based on this legislation, Kirtland Community College will require all students to complete this fingerprinting process prior to final acceptance in a health science program. You have been provided documentation to complete this process. We are required by the Michigan State Police to obtain a signed consent from you allowing our department to request and retain these records.

Please sign this consent form authorizing Kirtland Community College to retain the results of your criminal background documentation for the purposes of selection and participation in the health science program of your choice.

**I authorize Kirtland Community College to allow my fingerprints to be taken and those results retained as part of the requirements for participating in the Health Science Program I have been selected for.**

\_\_\_\_\_  
Please sign name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Student ID Number

Please indicate your program of study:

- Level I Nursing**
- Level II Nursing**
- Nursing Assistant**
- Pharmacy Tech**
- Sonography**
- Surgical Tech**



**Kirtland Community College**  
**Health Science Department**  
2012-13 Programs

TO: Health Science Student Candidate

FROM: Cynde Kochensparger, Nursing Clinical Coordinator

RE: **Waiver regarding Criminal Background Check**

Kirtland Community College will obtain the results of your fingerprinting background check from Livescan Fingerprinting Services to determine your eligibility for placement in a clinical facility as part of your health science program. After you complete your health science program and prior to employment, your future employer will perform another fingerprinting background check. This background check may possibly reveal information which didn't appear on the first background check and may prevent you from being hired, due to Michigan Public Acts 27, 28, and 29 of 2006.

This is important for you to understand if you have any criminal history and are accepted into a health science program at Kirtland Community College. You must agree not to hold the college or any of its personnel or affiliating agencies responsible for your inability to test for licensure or be employed due to a criminal history. Please indicate your agreement by signing below and returning this letter to the Health Science Office at Kirtland Community College.

I understand and agree to the above.

\_\_\_\_\_  
Please sign name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Student ID Number

Please indicate your program of study:

- Level I Nursing**
- Level II Nursing**
- Nursing Assistant**
- Pharmacy Tech**
- Sonography**
- Surgical Tech**



**Criminal Background Check  
Mandatory Exclusions for Specified Time Periods**

**In order to be granted clinical privileges at any of the covered facilities, 15 years must have lapsed since the individual completed all the terms and conditions of sentencing, parole and probation for conviction of the following offenses:**

Felony that involves the intent to cause death or serious impairment of a bodily function, that result in death or serious impairment of the bodily function that involves the use of force or violence or that involves the threat or the use of force or violence. This includes:

- Homicide
- Assault and infliction of serious injury
- Assault with intent to commit murder
- Assault with intent to do great bodily harm less than murder
- Assault with intent to maim
- Attempt to murder

Felony involving cruelty or torture.

Felony of crime committed against “vulnerable adults” who because of age, developmental disability, mental illness or physical disability, require supervision or personal care or lack the personal and social skills required to live independently.

Felony involving criminal sexual conduct.

Felony involving abuse or neglect generally related to vulnerable adults or children which typically results in serious physical or mental harm to the vulnerable adult.

Felony involving the use of a firearm or dangerous weapon.

Felony involving the diversion or adulteration of a prescription drug or other medications.

**In order to be granted clinical privileges at any of the covered facilities, 10 years must have lapsed since the individual completed all the terms and conditions of sentencing, parole and probation for conviction of the following offenses:**

Misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

Misdemeanor crime committed against “vulnerable adults”.

Misdemeanor involving criminal sexual conduct which involve instances of sexual contact with another person that does not involve sexual penetration and are typically known as “fourth degree criminal sexual conduct”.

Misdemeanor involving cruelty or torture (usually first conviction regarding animals).

Misdemeanor involving abuse or neglect in the third or fourth degree if the caregiver intentionally or recklessly causes “physical harm” to a vulnerable adult.

Third Driving Under the Influence (DUI) conviction.

**In order to be granted clinical privileges at any of the covered facilities, 5 years must have lapsed since the individual completed all the terms and conditions of sentencing, parole and probation for conviction of the following offenses:**

Misdemeanor involving cruelty if committed by an individual who is less than 16 years of age including cruel treatment of animals.

Misdemeanor involving home invasion that typically is described as “breaking and entering” into another person’s home.

Misdemeanor involving embezzlement which is a person who has taken money from another person who had entrusted the money with the wrongdoer, e.g. a store cashier.

Misdemeanor involving negligent homicide which is committed when a person engages in careless or reckless driving that causes death.

Misdemeanor involving larceny which is legally described as the act of stealing but it does not include shoplifting. An example would be theft from a building of an item that is not offered for sale.

Misdemeanor of retail fraud in the second degree which involves shoplifting property from a store that is offered for sale at a price of \$200 or more but less than \$1,000 or less than \$200 if the person has been previously convicted of any crime or theft.

Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided for under other subsections.

**In order to be granted clinical privileges at any of the covered facilities, 3 years must have lapsed since the individual completed all the terms and conditions of sentencing, parole and probation for conviction of the following offenses:**

Misdemeanor for assault which is defined as the individual attempting or threatening to hurt another.

Misdemeanor of retail fraud in the third degree which involved shoplifting property from a store that is offered for sale at a price of less than \$200. Misdemeanor involving the creation, delivery or possession with intent to manufacture or deliver a controlled substance.

**An individual cannot be granted clinical privileges at any of the covered facilities if within the year immediately preceding the date of application for employment or clinical privileges the individual was convicted of the following offenses:**

Misdemeanor involving the creation, delivery or possession with intent to manufacture or deliver a controlled substance if the individual, at the time of conviction, is under the age of 18.

Misdemeanor for larceny or retail fraud in the second or third degree which involved shoplifting property from a store that is offered for sale at a price of less than \$200 if the individual, at the time of conviction, is under the age of 16.

**Permanent Exclusions:**

If the individual has ever pleaded “not guilty by reason of insanity” and that plea has been entered in the law enforcement information network (LEIN), the individual cannot work in long-term care.

If the individual has ever been the subject of a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency, the individual cannot work in longterm care. For example, an individual would be excluded if their nurse aide certification was “flagged”.

**Clarifications on Legal Terminology**

1. Criminal Sexual Conduct

**Misdemeanor:** Fourth Degree Criminal Sexual Conduct

**Felony:** First, Second and Third Degree Criminal Sexual Conduct

2. Cruelty and Torture to Animals

**Misdemeanor:** First Offense

**Felony:** More than one offense

3. DUI Convictions

**Misdemeanor:** Does not exclude individual from working in long-term care

**Felony:** Third DUI conviction. This felony requires 10 year exclusionary period between the Student’s discharge from state supervision to the date of the employment application or granting of clinical privileges.