



SURGICAL TECHNOLOGY APPLICATION

PLEASE TYPE OR PRINT INFORMATION:

SS# _____ - _____ - _____
(Optional - Required at enrollment)

Full Legal Name: _____
(First) (Middle) (Last)

Do You Have Education Records Under Another Name, if so: _____
(First) (Middle) (Last)

(Street # & Name, or P.O. Box)

(City) (State) (Zip)

Home Telephone Number: (____) _____ Work Number: (____) _____

Cell Phone Number: (____) _____ E-Mail Address: _____

In case of emergency, please notify: (Please list someone who will always know your whereabouts)

(Name) (Relationship) (Home Phone) (Work/Cell Phone)

Present Occupation: _____ Employer: _____

Current Employer's Address:

(Street # & Name, or P.O. Box) (City) (State) (Zip)

Past Employer's Address:

(Street # & Name, or P.O. Box) (City) (State) (Zip)

Circle highest grade completed: 7 8 9 10 11 12 GED College: 1 2 3 4
(Attach an official copy of your high school transcript or GED SCORES and college transcripts as applicable.)

Have you ever enrolled in and/or graduated from a Surgical Technology program before? Yes _____ No _____

If yes, name of School: _____

Dates of Attendance: _____

If you did not graduate, reason for leaving previous school: _____

Have you ever attended a career and technology center in the past? Yes _____ No _____

If yes, name and date of school and program attended:

Name of school: _____ Date _____

Program attended: _____

Are you seeking financial aid? Yes ____ No ____ If you are seeking financial aid from any agencies such as W.I.A., V.A., B.I.A., or Voc-Rehab, please list the agency and your counselor's name:

How did you hear about Central Technology Center? Flier in Hospital/Dr. Office/Workforce____ Internet/Website____ Direct Mail/Brochure____ Family/Friend____ Newspaper/Radio ____ Other____

Will you need accommodations or modifications in order to successfully perform the essential functions of the assessment and/or occupational program in which you enroll? If yes, please describe:

Have you ever been arrested for any offense other than traffic violation or minor offense? Yes ____ No ____

Have you ever been convicted of any offense, including a deferred sentence, within the past five years, with the exception of any offense expunged under Oklahoma State Statute 63.0§1981 2-410? Yes ____ No ____

Do you have a record of a felony conviction, even if conviction has been expunged?
No ____ Yes ____ (If yes, you will need to provide an official copy of your conviction record)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF ENROLLED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR TERMINATION.

SIGNATURE: _____ DATE: _____

Central Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Title VII and Title IX of the Education Amendments of 1974, Section 504 of the Rehabilitation Act and the American with Disabilities Act (ADA), does not discriminate on the basis of race, color, religious creed, national origin, age, sex/gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to, admissions, employment, financial aid and educational services. Central Tech offers career and technical training under the national career cluster framework. Admission is open to interested students. Questions, complaints, or requests for additional information regarding these laws may be forwarded to Patti Pouncil, Assistant Superintendent, the designated compliance coordinator, at 918-352-2551, Monday through Friday between 8:00 am and 4:00 pm. For gainful employment information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at www.CentralTech.edu.

NOTE: Save as PDF and email to joni.carroll@centraltech.edu