



Uintah Basin Technical College Surgical Technology Program

The application deadline is the last day in July.

Thank you for your interest in the Surgical Technology Program at Uintah Basin Technical College (UBTech).

This packet includes materials needed to start the application process:

Items to be aware of:

- All Official Transcripts must be included or your application may not be accepted. We require an official (unopened) transcript of your college credits, as well as verification of High School graduation or GED.
 - Request Official Transcripts from all schools attended, except High School, include a copy of your high school diploma or GED certificate. Do not open these transcripts. They should be mailed directly to UBTech Surgical Technology Program at 450 N 2000 W, Vernal, UT 84078.
 - For any schools attended outside of Utah, you must provide a copy of the course description.
- **Placement testing** must be completed in the UBTech testing center. An appointment is required. Trinity Long at the Vernal campus (435) 725-7103 / trinityl@ubtech.edu or Camille Carner at the Roosevelt campus (435) 722-6952 / camille@ubtech.edu to schedule your appointment.
- It is preferable if students have a printer and a laptop or tablet or similar device that is internet capable and equipped with Windows 8 or a newer operating system as well as Microsoft Word.
- Healthcare can be physically and emotionally demanding; if accepted, you will be required to submit a statement from your primary care provider attesting to your ability to safely carry out Surgical Technician duties.

- **Immunizations are required per facility protocol before clinical/externship.**
 - Proof of two MMR vaccinations or a therapeutic titer
 - Varicella: History of the disease, positive titer, or proof of two vaccinations
 - Documentation of a three dose Hepatitis B vaccination series and a reactive titer
 - Current Tuberculosis (TB) skin test (within the current school year)
 - Annual Influenza vaccination
 - DTaP within the previous 5 years
 - COVID-19 vaccination

***An individual with severe or life-threatening allergy that prevents them from receiving one or more of these immunizations must provide documentation from their primary care provider. Ultimately, the decision to allow such an individual to engage in direct patient care rests with the administrator of the clinical facility. This policy is in place for the protection of students and patients alike.

- A criminal background check and urine drug screen will be performed upon acceptance to the program. Successfully passing both of these are required for continuation of the program.
 - If you have ever been convicted of a crime, or have ever entered a guilty plea to a misdemeanor or a felony, we encourage you to contact the Division of Occupational and Professional Licensing at 160 East 300 South PO Box 146741 Salt Lake City, Utah 84114.
- Complete all portions of all pages indicated in the packet and submit them online through the form uploader at: https://ubtech.edu/avada_portfolio/surgical-technology
- Please call (435) 725-7139, or email shasta@ubtech.edu with any questions regarding this application process.

UBTech Surgical Technology Program Application Form

Date _____ Full Legal Name _____

Place of Birth _____ Date of Birth _____
(city/county/state/country)

Home Phone _____ Cell Phone _____

Full Mailing Address _____

Email Address _____

List High School, Colleges, and Universities you attend:

Name of School	City and State	Degree Earned	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any honors and/or special awards you received:

Work Experience: Beginning with most recent. If none, write "none".

Position	Dates Employed	Company City/State	Supervisor Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UBTech Surgical Technology Program Acknowledgments

I, _____ verify I have been given information about the following prior to enrollment:

- Qualifications to enroll;
- The purpose of the training program;
- Requirements National certification
- Programmatic and institutional accreditation status;
- Prospects for employment;
- Realistic salary expectations or referral to local, state, or national statistics for salary expectations;
- Total program cost;
- The program's dismissal policy including academic and non-academic criteria, including, but not limited to the organizations Student Code of Conduct; and
- Graduate performance on national exams posted on public-facing materials and websites.

Name (Print): _____ Date of Birth: _____
(MM/DD/YY)

Student Signature _____ Date: _____