



Black Hawk College
6600 34th Avenue
Moline, IL 61265
309-796-5000
www.bhc.edu

Dear Prospective Surgical Technologist Student:

Thank you for your interest in the Surgical Technologist program at Black Hawk College.

All applicants must complete a new application each time they apply for the Surgical Technologist program.

Applications will be accepted **until March 1** and the interview process will begin in March. You may drop off application at the Academic Service Center in the Health Sciences Building Room 313 or mail to:

Health Sciences Building
Black Hawk College
6600 34 Avenue
Moline, IL 61265
Or email to davismar@bhc.edu

Black Hawk College catalog and schedule of classes are available online at www.bhc.edu. The catalog may provide you with the answers to other questions such as financial aid and will familiarize you with general college information, office hours, etc.

The Surgical Technologist program staff looks forward to receiving your application so that we may consider your candidacy for our program. Contact our office with additional questions if needed. We will try our best to answer them for you.

Sincerely,

Marcie Davis, MSN, RN
Program Director Surgical Technologist Program
6600 34th Avenue Moline, IL 61265
309-796-5364
davismar@bhc.edu

QUAD-CITIES CAMPUS
6600 34th Avenue
Moline, IL 61265-5899
309.796.5000 800.334.1311
www.bhc.edu



Surgical Technologist Program Checklist

_____ Complete the Steps to enrolling at Black Hawk College
(<http://www.bhc.edu/admissions/registrationchecklist/>)

Complete and attach ALL of the following documentation:

_____ Surgical Technologist Application

_____ Unofficial/copy of college transcripts from BHC and/or other institutions:

- web-based transcripts are accepted
- current Black Hawk students can access transcripts at **myBlackHawk.bhc.edu**
- transcripts must show grades for each course, cumulative GPA, and currently enrolled courses

_____ One letter of reference (these may be sent separately). There are no official recommendation forms included in this packet. Suggestions for letters of recommendation would be: former instructor/teacher, employer or clinical/medical professional or personal.

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**Health Sciences Center
Academic Service Center (313)
Black Hawk College
6600 34th Avenue
Moline, IL 61265**

Date _____

BLACK HAWK COLLEGE
Surgical Technologist Application

To be considered for the upcoming fall class in the Surgical Technologist program, all required forms (Application, Personal Statement, All College Transcripts, and 1 Letters of Recommendation) must be returned to Black Hawk College, Health Sciences Center, Academic Service Center (313) 6600 34 Avenue, Moline, IL 61265.

Name _____ Maiden Name _____

Address _____ Primary Phone # _____

City _____ State _____ Zip _____

BHC Student ID Number or SSN: _____

E-mail: _____

I. High School Background

_____ I am presently a senior in high school.

_____ I graduated from high school in _____ (year). Where? _____

_____ I have a GED (high school equivalency). Year completed: _____

_____ Black Hawk College uses a placement test to determine placement in Math. If you have not taken any college Math courses, you must take the BHC placement test. Please contact the Advising Office at 796-5100, to schedule a test date/time. ESL students please contact Anne Bollati at (309) 796-5183. There is no cost to the student for taking this test.

_____ I have asked that my 7th semester transcript be sent when ready (high school seniors only).

II. College Background:

A cumulative average of "C" or better in courses previously completed at Black Hawk College and any courses transferred from other colleges is required to be eligible for the Surgical Technologist program.

_____ I have completed and/or currently enrolled for courses at Black Hawk College.

Years attended _____

_____ I have completed and/or currently enrolled for courses at another college.

College _____

Years attended _____

College _____

Years attended _____

III. Experience

1. Have you had previous health care experience? ____ Yes ____ No. Beginning with the most recent experience, list agencies or institutions where experience occurred, indicate years worked, and what position(s) you held. Any volunteer or observation work should be indicated here.

a. _____

b. _____

c. _____

Please Circle Appropriate Response

2. Have you ever been convicted of any criminal offense in any state or in Federal court (other than minor traffic violation's)? Yes No

I have read the above, and to the best of my knowledge it is true, correct, and complete. I understand that any falsification or misrepresentation will be sufficient grounds for my dismissal from the program. I understand that completion of the Surgical Technologist program does not automatically guarantee a graduate the right to take the Licensing Examination or to become licensed as a Surgical Technologist.

Signature: _____

Date _____