



Surgical Technology Program
Transfer Into Surgical Technology Application
 For Current Degree Seeking NCC Students Only
 All other students must apply through the [Admissions Office](#).

Office Use Only: Date Due: March 2nd	
Date Submitted:	
Received by:	
Disposition:	
COA /2 nd degree/other	
Date:	

Meeting all these requirements does not guarantee an interview or acceptance.

Name of Candidate: _____ Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Banner ID#: N00 _____ Home Phone: _____ Cell Phone: _____

High School Attended: _____ Year of HS Graduation: _____

Current NCC Area of Concentration: _____

Total NCC Credits to Date: _____ Cumulative GPA: _____

Other College(s) Attended Attach Transcript and Degree Evaluation	Total Credits	CUM	Degrees Held

ADMISSION REQUIREMENTS COMPLETED: Attach Copies of Degree Evaluation & Transcript

SUBJECT	REQUIREMENT	GRADE	DATE
Math	MAT Elective		
English	ENG 101 3 Credits		
AHS	131 Within 5 years		

Remedial Courses

Courses Required as a result of NCC placement exam	Date(s) Completed



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ADDITIONAL REQUIREMENTS

1. Describe why you should be considered for the Surgical Technology Program

2. **An Interview with the Surgical Technology Faculty must be scheduled upon submitting the completed application.**
3. All remedial courses, as determined by the NCC placement exam, given through the College Admissions Office, must be completed **prior** to acceptance to the Surgical Technology Program.

APPLICATIONS FOR ADMISSION TO THE SURGICAL TECHNOLOGY PROGRAM WILL BE CONSIDERED ONLY IF THE ABOVE REQUIREMENTS ARE COMPLETED AND RECEIVED IN THE SURGICAL TECHNOLOGY LAB, Mrs. Martin in E 312 BY MARCH 2.
 516.572.9640 (Ext.26568) • judith.martin@ncc.edu

The following necessary documentation is a requirement of the [National Board of Surgical Technology and Surgical Assisting](#) as well as the Surgical Technology Program at Nassau Community College:

1. Are you a U.S. Citizen? Yes or No

IF YOU ARE A CITIZEN OF THE UNITED STATES, PROCEED TO QUESTION #6

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, ANSWER QUESTIONS #2, #3, #4 AND #5.

2. Country of Citizenship _____

3. Are you a permanent resident of the United States? Yes or No
 If "Yes" attach a copy of your **Alien Registration Card or Temporary Resident Card**.

4. Do you have a Social Security Card? Yes or No

5. Do you have a Valid NYS Driver's License? Yes or No
 If "Yes" attach a copy of your **NYS Driver's License or NY State ID Card**.

6. If you have a physical, hearing, or learning disability, check box below and specify nature of disability.
Yes _____

All Candidates must be legally eligible for employment and certification in the United States at the time of application. Background checks and random drug screening required upon acceptance.

Statement of Integrity: Candidates must sign the following statement.

I do hereby acknowledge that all the information submitted in connection with my application to the Surgical Technology Program at Nassau Community College is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance into the Surgical Technology Program and may bar me from future acceptance.

Printed name of Applicant

Signature of Applicant

Date