



**Applicant Observation Form**  
**SURGICAL TECHNOLOGY PROGRAM**  
 1701 N. 2<sup>nd</sup> St. - Clinton, MO 64735

**To the applicant:**

You are required to observe a surgical procedure(s) in a surgical setting for a minimum of 4 hours as part of the application process. You may visit more than one clinical site and use a new form for each site (make copies of this form as necessary). Students should contact the site in advance and schedule the observation. Arrive in business casual attire for your observation. Wear comfortable shoes without heels. Take this form with you and give it to the Director of Surgical Services or Room Nurse to complete and sign. Submit the signed form with your application.

Student Name (please print):	
Date of Observation:	
Total Number of Hours Observed:	
Facility Name:	
City/State:	

**To the Director of Surgical Services or Room Nurse:**

As an **admission requirement to the SFCC Surgical Technology Program**, applicants are required to observe a surgical procedure(s) in a surgical setting for a minimum of 4 hours. If the information listed above for the prospective student is correct for today's observation, please complete the section below, sign the form, and return it to the applicant. Forms with missing signatures will not be accepted.

Type of exams that the student observed at this facility on the above date (check box below):

<input type="checkbox"/>	Laparoscopic Cholecystectomy	<input type="checkbox"/>	Shoulder or Knee Arthroscopy
<input type="checkbox"/>	Breast Biopsy	<input type="checkbox"/>	Carpal Tunnel/Trigger Finger Release
<input type="checkbox"/>	Laparoscopic Hernia Repair	<input type="checkbox"/>	ORIF _____
<input type="checkbox"/>	Open Hernia Repair	<input type="checkbox"/>	Hysterectomy
<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	C-Section
<input type="checkbox"/>	Thyroid Lobectomy	<input type="checkbox"/>	Cystoscopy/Ureteroscopy
<input type="checkbox"/>	Sinus Surgery	<input type="checkbox"/>	Other _____

Did the student present himself or herself in a professional manner? \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name and Title:	
Signature:	

Thank you for allowing this prospective student to observe in your facility. Please complete the comment box or contact our office if you have further comments regarding this applicant.

Additional Comments:
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**SFCC Surgical Technology Program**  
 Michelle Green, Program Director  
 660-383-7052  
[mgreen18@sfccmo.edu](mailto:mgreen18@sfccmo.edu)

## Observation Information

- Applicant is responsible for contacting the facility, scheduling an observation time, and filling out and/or providing the required documents for the facility at the time of the observation.
- The applicant will either change into facility scrubs or put on a “bunny suit” (disposable jumpsuit); as instructed, as well as shoe covers, surgical hat, and safety glasses.
- Make sure to wear comfortable shoes; no high heels or boots.
- Enjoy the experience!

## Approved Observation Locations

<p>Golden Valley Memorial Healthcare 1600 N. 2<sup>nd</sup> – Clinton, MO Contact: Human Resources 660-890-7131</p>	<p>Fitzgibbon Hospital 2305 S. Hwy 65 – Marshall, MO Contact: Administrative Assistant – Human Resources 660-831-3318</p>
<p>Bothwell Regional Health Center 601 E. 14<sup>th</sup> – Sedalia, MO Contact: Recruiter AFTER filling out job shadow application <a href="http://www.brhc.org">www.brhc.org</a></p>	<p>Western Missouri Medical Center 403 Burkarth Rd. – Warrensburg, MO Contact: Employee Health &amp; Wellness Coordinator 660-747-2500 Ext: 7926</p>
<p>Cass Regional Medical Center 2800 Rock Haven Rd. – Harrisonville, MO Contact: Barb Hauck <a href="mailto:bhauck@cassregional.org">bhauck@cassregional.org</a> 816-380-5888 x4980</p>	<p>Lake Regional Health System 54 Hospital Dr. – Osage Beach, MO Contact: Education Coordinator – Student Relations 573-302-3006</p>
<p>SSM Health St. Mary’s Hospital 2505 Mission Drive – Jefferson City, MO Contact: Volunteer Services 573-681-3739</p>	<p>Citizen’s Memorial Hospital District 1500 N. Oakland Ave. – Bolivar, MO Contact: Becky Hancock 417-328-6590</p>
<p>Carroll County Memorial Hospital 1502 N. Jefferson – Carrollton, MO Contact: Gina Rodriguez 660-542-1695 x3128</p>	