

## Conemaugh School for Surgical Technologists Application Checklist

To be interviewed for the Conemaugh Memorial Medical Center School of Surgical Technologists, you must complete all of the steps below.

1. Complete and pass at least two of the four prerequisite courses: Anatomy & Physiology I & II, Medical Microbiology with Lab, Introduction to Psych.

**Do not proceed with application until you have completed step one.**

2. Mail application to:

Conemaugh Memorial Medical Center  
School of Nursing & Allied Health  
Attn: Admissions, RM F104  
1086 Franklin Street,     Johnstown, PA 15905-4398

The following items must be received before an application is complete and an interview can be scheduled:

- \_\_\_\_\_ a. Application
- \_\_\_\_\_ b. Application fee: \$35 check or money order
- \_\_\_\_\_ c. Personal essay: "Why I am Choosing Surgical Technology as a Profession."
- \_\_\_\_\_ d. Three letters of reference sealed and signed by reference across the envelope seal (should not be completed by a family member) - letters do not need to be sent with application, but must be received before an application can be processed.
- \_\_\_\_\_ e. Official high school transcript sent to Conemaugh Memorial School of Surgical Technologists.
- \_\_\_\_\_ f. Official college transcript(s) sent to Conemaugh Memorial School of Surgical Technologists.

Please note: If you are currently enrolled at the University of Pittsburgh at Johnstown, Conemaugh staff will request an official transcript.

However, official transcripts are necessary from any other secondary education institutions attended. If accepted into the program, once all prerequisites are completed you will be responsible to provide an official Pitt-Johnstown transcript to begin the program.



\*\*\*  
\_\_\_ Surgical Technology (must also apply to UPJ) \$35.00 payable to MMC  
\_\_\_ Radiologic Technology \$35.00  
\_\_\_ Medical Technology \$35.00  
\_\_\_ Histotechnology \$35.00  
\_\_\_ EMT-P (Paramedic) \$25.00

---

The educational programs are committed to equal opportunity and do not discriminate against qualified persons on the basis of race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status or any other status legally protected by federal, state or local law.

Have you ever been accepted or attended another school or educational program? ( ) Yes ( ) No

Have you previously applied for admission to this School? ( ) Yes ( ) No

Are you prepared to meet the expenses of the program in this School? ( ) Yes ( ) No

Will you be requesting available financial assistance? ( ) Yes ( ) No

Educational Experience –LIST ALL SCHOOLS ATTENDED

Secondary Education	Address	From	To	Diploma Received

Post secondary Education

List names and addresses of three persons, \_\_\_\_\_, from whom you have requested references.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

The information I have supplied on this application is true and complete to the best of my knowledge. If accepted, I agree to abide by the rules of the Hospital and the School. I understand that this application will be considered complete only if all sections are filled in.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail completed application to: Program Director

School of \_\_\_\_\_

(fill in choice)

Memorial Medical Center

1086 Franklin Street

Johnstown, Pennsylvania 15905-4398

# STUDENT REFERENCE FORM FOR ADMISSION TO THE SCHOOL OF:

Please check the applicable school

Surgical Technology  
 Radiologic Technology

Medical Technology  
 Histotechnology

**APPLICANT PLEASE COMPLETE THIS PAGE TO THE ===== LINE AND FORWARD THE FORM TO YOUR REFERENCE** (To assist your reference, please go to the back of this form and write the school you are applying to in the return address area.)

Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**APPLICANTS MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.**

A. I hereby waive my right of access to the confidential evaluation provided by the person named above, and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

B. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluations is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

=====

**To the individual completing and submitting this reference:**

The above named applicant has requested that you complete and submit a reference form on him/her as a candidate to a Conemaugh Memorial Medical Center School which is indicated above. To find out whether the reference will be confidential, see the choice made by the applicant in the waiver above.

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_  
What is the applicant's major area of strength? \_\_\_\_\_
4. What is the applicant's major area of weakness? \_\_\_\_\_
5. In your own words, briefly discuss if the applicant would be able to adjust to the hospital environment.  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box which best describes your evaluation of the applicant using the following guidelines:

- 4 -- Excellent
- 3 -- Average
- 2 -- Below Average
- 1 -- Unsatisfactory
- \* -- Unable to Evaluate

TRAITS	4	