SURGICAL TECHNOLOGY FOR OPERATING ROOM NURSE

Certificate of Completion in Surgical Technology for Operating Room Nurse

INFORMATION & APPLICATION PACKET
SPRING 2018
Surgical Technology for Operating Room Nurse Program

Dear Registered Nurse:

Welcome to the GateWay Community College Surgical Technology for Operating Room Nurse program. As a registered nurse of Arizona or a compact state, this program will allow you to gain skill and understanding on how to provide quality care to the patient in the pre-operative setting, the operating room, and post-operatively.

The foundation of this spring program is face-to-face classroom experience based on the A.O.R.N. standards which gives the Registered Nurse the skills to work as an operating room nurse. The on campus operating room lab experience will ensure competency in scrub and circulating roles. This program incorporates instruction and hands-on labs including handling of instrumentation, medications, aseptic technique, surgical prep procedures (scrubbing, gowning, gloving, prepping, and draping), and scrubbing and circulating general surgery procedures. The student will also learn general surgery procedures, how to manage the surgical suite in conjunction with the surgical team with specialty patient populations.

Whether you are a new registered nurse, returning to the field of nursing, or currently working in another field the completion of this program will allow you to practice and be able to perform at the side of a preceptor in the circulating or scrub role in the operating room. Get started today by contacting a Health Science academic advisor at 602.286.8181.

Thank you for your interest in the GateWay Community College Surgical Technology for Operating Room Nurse Program. We look forward to seeing you in class.

Sincerely,

Susan Tomé

Susan Tomé RN, MS
Director of Surgical Technology for Operating Room Nurse, Surgical Technology and Hospital Central Service Programs
602.286.8515
tome@gatewaycc.edu
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CAREER DESCRIPTION

In this challenging occupation, you will specialize in patient care and the role of the scrub nurse during the preoperative, intra-operative and postoperative phases of surgery.

Surgical Technology for the Operating Room Nurse (STORN) registered nurses have a lot of responsibility. You may provide pre- and post operative teaching to patients and their families. Some of your intraoperative duties may include patient assessment, identifying desired patient outcomes and evaluating patient care. To provide a safe environment, perioperative nurses need to have a broad knowledge of surgical anatomy, physiological alterations and risk factors.

You will have the opportunity to use your skills and knowledge of surgical procedures, interviewing patients, handing instruments and sutures using aseptic technique and managing patient care equipment. Your responsibilities will also encompass scrubbing and assisting the surgeon. The role of the circulating nurse will involve assisting the anesthesiologist along with providing instruments, medications and supplies to the scrub team.

Perioperative Nurses are employed in either the inpatient or outpatient surgical departments of hospitals or surgical centers.

CERTIFICATE REQUIREMENTS - SURGICAL TECHNOLOGY FOR OPERATING ROOM NURSE

ADMISSION CRITERIA

Students must make formal application to the program and meet the following criteria to be admitted to the program:

1. Current Arizona Registered Nurse (R.N.) license or compact state.
2. Formal application and admission into the program is required.
3. Background Check Requirements: Admission to an Allied Health program requires that students be in compliance with the Maricopa County Community College District Background Check standards. Upon conditional program enrollment, the student must comply with all requirements of the MCCCD background check policy.
4. Clinical Health and Safety requirements must be met. Upon conditional program enrollment, the student must comply with all requirements of the MCCCD clinical health and safety policy.
5. Inability to comply with Background Check requirements and/or Clinical Health and Safety requirements at the start of classes may result in cancellation of enrollment. Current Arizona Level-One Department of Public Safety Fingerprint Clearance Card is required.

Career Description:

The Operating Room Nurse functions as the patient advocate from pre-op holding, throughout the procedure and also postoperatively. In the circulating and scrub role the responsibilities include:

- Maintain a proper sterile field during each surgical procedure.
- Count sponges, needles and instruments before and after the operative procedure.
- Hand instruments and supplies to the surgeon(s), hold retractors and cut sutures, and perform other tasks as directed by the surgeon.
- Prepare patients for surgery including positioning patients on the operating table and assisting the surgeon to drape them.
- Scrub arms and hands and assist the surgical team to don PPE.
- Wash and sterilize equipment using bactericidal agents.
- Monitor and continually assess operating room conditions including patient and surgical team needs.
- Prepare dressings or bandages and apply or assist with their application following surgery.
- Clean and restock operating room supplies.
- Stock case carts for items needed on a surgical procedure.
- Operate and assemble equipment prior to use to check for defects.
• Manage computers, robots and electrical equipment.
• Prepare a patient for surgery with a physical assessment and interview.
• Keep the surgeon, anesthesiologist and surgical technologist informed of patient needs or schedule changes.
• Insure the patient is aware of the surgical procedure and has no further questions upon signing the consent.
• Attend to any questions the patient may need relayed to the surgeon or anesthesiologist prior to surgery.
• Organize the operating room and insure it is counted prior to the patient entering the operating room.
• Insure the anesthesiologist and surgeon are prepared prior to the patient entering the operating room.
• Identify the patient, allergies, surgical procedure, surgeon as patient enters the operating room.
• Verbalize and record “Time Out” prior to cut time per hospital protocol.

Requirements for physical and mental endurance include:
• Ability to stand, bend, stoop and sit for long periods of time in one location with minimum to no breaks.
• Have knowledge of how to manipulate instruments, supplies and equipment with speed, dexterity and accuracy.
• Demonstrate positive coping skills under stress.
• Exhibit compassionate interpersonal skills during patient, staff and faculty interactions.
• Physical ability to lift a minimum of 20 pounds and carry it for 40 feet.
• Manage time effectively in lab, in clinical, in class and while studying.
• Demonstrate skill in coping with difficult personalities.
• Demonstrate punctuality for commitments and schedules.
• Demonstrate the ability to endure strong constructive criticism with a positive attitude.
• Demonstrate effective time management in lab, in clinical and in class while studying.
• Be knowledgeable of how to take directions and follow orders.
• Demonstrate being unimpaired by alcohol, drugs or any other factor that could affect your judgment and skills negatively.
• Be compliant with random drug screens.
• Maintain an academic calendar, adhere to it and share it with your family members and friends.
CERTIFICATE OF COMPLETION SURGICAL TECHNOLOGY FOR OPERATING ROOM NURSE PROGRAM

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPRING SEMESTER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ PON105</td>
<td>Surgical Technology for the Operating Room Nurse</td>
<td>2.0</td>
</tr>
<tr>
<td>+ PON210</td>
<td>PeriOperative Principles I</td>
<td>3.0</td>
</tr>
<tr>
<td>+ PON212</td>
<td>PeriOperative Principles II</td>
<td>3.0</td>
</tr>
<tr>
<td>+ PON214</td>
<td>PeriOperative Laboratory</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>SUMMER SEMESTER (200hour)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ PON218</td>
<td>PeriOperative Clinical Practice I</td>
<td>3.0</td>
</tr>
<tr>
<td>+ PON220</td>
<td>PeriOperative Clinical Practice II</td>
<td>3.0</td>
</tr>
<tr>
<td>+ PON/SGT230</td>
<td>Surgical Technology Materials Update</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total Credit Hours</strong></td>
<td><strong>21.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please see the college catalog for full description of program requirements.
## Estimated Program Costs

The estimated cost for the program is outlined in the chart below. The student is responsible for providing transportation, housing, and uniforms. In the last semester, the student will be responsible for costs of his/her national board exam and state licensing.

### Certificate of Completion Program

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition* (21 credit hrs @ $86 a credit hr)</td>
<td>$1,806</td>
</tr>
<tr>
<td>Registration fees ($15 per semester)</td>
<td>$30</td>
</tr>
<tr>
<td>Course / Lab Fees</td>
<td>$939</td>
</tr>
<tr>
<td>Equipment / Supplies</td>
<td>$265</td>
</tr>
<tr>
<td>Books</td>
<td>$510</td>
</tr>
<tr>
<td>Other Costs: License/Certification, Pre-Clinical Health &amp; Safety Requirements, etc.²</td>
<td>$217 – 882</td>
</tr>
</tbody>
</table>

**Total Estimated Costs** $3,502 – 4,167

### Out-of-County residents pay $383* / Out-of-State residents pay $327** a credit hr¹

* Rates are set according to Arizona Revised Statute. Applies only to counties with no community colleges.

** According to Arizona Revised Statute, 15-1802 F, "A person who is a member of an Indian tribe recognized by the US Department of the Interior whose reservation land lies in this state and extends into another state and who is a resident of the reservation is entitled to classification as an in-state student." Therefore, unclassified and out of state surcharges do not apply to such students.

Students must also plan on the expense of driving to clinical locations across the metropolitan Phoenix and outlying areas. Several clinical affiliates are not on bus routes so one’s own private transportation vehicle is necessary.

¹ Tuition and fees are set by the Maricopa Community College Governing Board and approved by the State Board of Directors for Community Colleges; all fees are subject to change. Tuition is higher for non-county residents; visit [www.gatewaycc.edu](http://www.gatewaycc.edu) for more information.

² Other Program Costs may be less or more than listed based on a student’s individual health record in respect to being in compliance with the immunization and safety requirements for the clinical experience.

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**IMPORTANT** - Tuition/registration fees are all due 35 days prior to the start date of each semester. If 34 days or less, all fees are due at the time of registration or you will be dropped from your classes and lose your seat in the program for non-payment.
REQUIRED TEXT BOOKS

1) Surgical Instrumentation, 2nd edition, Nemitz, ISBN 9781455707195 ($82.95)
2) 2017 Guidelines for Perioperative Practice; Association of Operating Room Nurses, AORN.org ($245.00). Nurses must purchase this independently on line. It is not available for purchase by the bookstore.

Recommended Text Books

1) Delmar, Surgical Technology for the Surgical Technologist, 5th edition, Cengage Publishing. (Not to include Mind Tap); ISBN: 9781305956414 ($229.00)

IMMUNIZATIONS, TESTING, AND BACKGROUND REQUIREMENTS

IMMUNIZATION AND TB TESTING REQUIREMENTS
All health and safety is now completed digitally. The health and safety requirements are subject to change based on the requirements of our clinical partners. Once a student has been accepted into a program for the start of an upcoming semester, clinical requirements will be sent out.

MCCCD BACKGROUND CHECK POLICY REQUIREMENTS
Students seeking admission to an MCCCD Allied Health or Nursing Program (Program) will be required to obtain a valid Level-One Arizona Department of Public Safety Fingerprint Clearance Card (FCC Card) AND a passing score on an MCCCD background check. This policy precludes MCCCD faculty or staff from assigning students to a clinical experience who cannot meet the new requirements.

Upon admission to the program, students are required to present a copy of the DPS card and apply for the MCCCD Background Check. Students bear the financial costs for both the MCCCD Background Check and the AZ Fingerprint Clearance Card. Students will receive information regarding the MCCCD Background Check after admission, but prior to the beginning of the program.

We encourage students to apply for the card early in the application process. Please allow a minimum of eight weeks processing time for the DPS Level-One Fingerprint Clearance card. The card is valid for six years from the date of issue.

DRUG SCREENING
Each student must go through a preclinical drug screen prior to beginning the first clinical rotation. The cost for tests will be the responsibility of the student. The urine drug screen will test for alcoholic beverages; illegal drugs, or drugs that may impair judgment while in the clinical agency. If the drug test is positive for the illegal drugs or undocumented prescription drugs, the student will not be able to continue in the program. Readmission is at the discretion of the college and the program. Some clinical sites also require screening for nicotine. Students who test positive for nicotine are allowed to continue in the program, but may be limited to clinical agencies that do not test for nicotine. Random drug screening is at the discretion of the clinical site during the student’s clinical experience.

ACCREDITATION
GateWay Community College is a Maricopa Community College, accredited by the Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools (30 North LaSalle St,
Operating Room Nurse Program

Suite 2400, Chicago, IL 60602-2504, 800.621.7440), and its courses are approved by the Social Security Administration for Veterans’ training. This school is authorized under federal law to enroll nonimmigrant alien students. The STORN program is not accredited by an association but follows the Association of Operating Room Nursing (AORN) guidelines.

POLICIES, RULES, REQUIREMENTS, AND REGULATIONS COMPLIANCE

- Policies, courses, programs, fees, and requirements may be suspended, deleted, restricted, supplemented, or changed through action of the Governing Board of the Maricopa Community Colleges.
- The Maricopa Community Colleges reserves the right to change, without notice, any materials, information, curriculum, requirements, and regulations.
- Admission or graduation from any Allied Health program at GateWay Community College does not guarantee the student’s professional certification, licensure, or employability. The student must comply with legal requirements of the profession. This may include provisions from Arizona Revised Statutes 41-1758.03 (sections B and C) regarding the denial of a fingerprint clearance card or being listed on the US government’s Office of Inspector General’s Exclusion List.
- Students enrolled in the program will have learning experiences in a health care setting where they will have access to confidential information. Prior to beginning any clinical studies the students will be asked to sign an agreement to adhere to the requirements of those clinical sites and applicable laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Students with related health care experiences not listed in the Program (Health Core Curriculum courses) Prerequisites/Co-requisite options, may request an evaluation for course competency equivalence by contacting GateWay’s Health Core Curriculum Coordinator Charlene Thiessen by calling 602-286-8509 or emailing her at Thiessen@gatewaycc.edu.

COLLEGE COMMUNICATION

The following information is very important so you do not miss any notices:

We communicate with students strictly through your Maricopa College email, not your personal email account.

We have a district-wide Google powered email system. This system is the way we send all official College communications concerning selective admissions, class enrollment, financial aid, tuition due dates and other important student information.

All students will need to check their new student e-mail regularly or forward the new student e-mail to a personal e-mail to ensure that all official college communication is received.

Students may access their new e-mail accounts directly from their Student Center once they log in at my.maricopa.edu. 1st section “Student Communication Center”.

The benefits to you include:
- Quicker response
- Convenience. You can receive & read email even if out-of-town
- Saves trees!

Go to my.maricopa.edu & log in to your account. Click on ‘create an account’ in the paragraph above the picture of the students to set up your student account. You may edit your information, such as address, phone, etc. here also if you need to. This is a self-service for students, which includes registering for classes, adding/dropping classes, making payments, printing your class schedules, viewing financial aid & viewing your grades. If you have any technical issues, please call 1-888-994-4433.
CONTACT INFORMATION

If you have any questions about the enclosed program material, please feel free to contact any of the following program contacts:

Susan Tome R.N., MS, CNOR, Program Director / Phone: 602.286.8515 / Email: tome@gatewaycc.edu

Brandy Thompson RN, M.Ed., CNOR, CST, Clinical Coordinator / Phone: 602.286.8516 / Email: thompson@gatewaycc.edu

Caroline Delgado, Health Sciences Academic Advisor / Phone: 602.286.8183 / Email: delgado@gatewaycc.edu

Lucy Granillo, Health Sciences Academic Advisor / Phone: 602.286.8185 / Email: luciella.granillo@gatewaycc.edu

HOW TO APPLY & ENROLL

STEP 1: GET ADMITTED
Create MBD Account and Apply for Admissions
maricopa.edu/admissions

- Provide proof of identity to the college at which you applied.
- For tuition purposes, verify your residency status by providing a government issued ID.
- Submit prior education (if applicable) i.e. high school and/or college/university official transcript.
- Undecided on a major? Connect with Counseling and Career Services at your college.
- Visit the campus to familiarize yourself with the services and resources.
- Complete the FAFSA and scholarship applications at: maricopa.edu/paying-for-college.

STEP 2: TAKE THE PLACEMENT TEST
Prepare, Study, and Schedule Test
maricopa.edu/testing

- Prepare by reviewing the sample questions at maricopa.edu/testing.
- Placement test will ensure appropriate level of classes for enrollment.
- The Placement Test is not a pass/fail exam.
- The Placement Test is untimed and FREE.
- Bring your government issued photo ID on the day of testing.
- To review your test score results, ask for a Course Placement Chart.

STEP 3: GET ENROLLED
Seek Academic Advisement
maricopa.edu/advisement

- Advisors will help with identifying courses and creating an Educational Plan to meet your academic goals.
- Meet with a Health Sciences Academic Advisor every semester prior to class registration.

The Health Sciences Academic Advisors are available by phone, email, or in person at the CH Center for Health Careers Education Building, on the north side of campus during the following business hours:

Walk-in basis
Mondays: 8 a.m. to 5 p.m.
Wednesdays: 8 a.m. to 1:30 p.m.

For an appointment call 602.286.8181
Tuesdays & Fridays by appointments.
Thursdays: 8 a.m. to 5 p.m.  Decrease your waiting time by scheduling an appointment.

(During the Summer, college is closed on Fridays)

Before you meet with an advisor, we recommend you check out the current Catalog to learn more about the programs that interest you. Let your advisor know if you have any questions or concerns.

If you have taken a class for college credit and you are interested in transferring credits to GateWay, you may better prepare for your meeting if you bring a copy of your transcripts to review with your advisor and then:

Arrange to have your official transcripts (from all colleges & schools previously attended) sent to:

Attn: Admissions & Records
108 N 40th Street
Phoenix, AZ 85034-1704

Bring a copy of your transcripts to review with your advisor. Your advisor can help you choose courses that will apply to most degrees and give you an introduction into your areas of interest.

Register for Classes
maricopa.edu/register

- Register for classes early to ensure the best schedule, maximize financial aid options, and to get prepared for a successful semester.
- Know when your tuition is due.

Attend New Student Orientation
maricopa.edu/new-student-orientation

- All new to college students must attend New Student Orientation. Research shows that those who participate, have higher rates of attaining their goals.

STEP 4: PAY TUITION AND FEES
Explore Payment Options
maricopa.edu/paying-for-college

- Monitor your Student Center for current balance and pay on or before due date.
- Explore paying for college at maricopa.edu/paying-for-college.
- Complete the Free Application for Federal Student Aid (FAFSA) at fis.gov.

Explore college websites for scholarships, such as the Presidents' Scholarship and more.

STEP 5: PROGRAM APPLICATION

Many of GateWay Community College’s Health Science programs have a special admissions procedure. The Surgical Technology for Operating Room Nurse Program information packet contains detailed information regarding this process. Please be sure to review this information to ensure that your application materials are complete and received at the Special Admissions office by the stated deadlines. You will receive notification of your acceptance via e-mail. This will arrive through the Maricopa email account set up when you received your MEID. So you will want to check this account regularly, or have it forwarded to an account which you do check often. Keep your contact information current with GateWay Community Colleges Admissions and Records department.
The following are some of the services available to students.

**Advising** - The Health Sciences Academic Advisors are available by phone, email, or in person at the CH Center for Health Careers Education Building, on the north side of campus during the following business hours:

<table>
<thead>
<tr>
<th>Walk-in basis</th>
<th>For an appointment call 602.286.8181</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Wednesdays: 8 a.m. to 1:30 p.m.</td>
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</tr>
<tr>
<td>Thursdays: 8 a.m. to 5 p.m.</td>
<td>(During the Summer, college is closed on Fridays)</td>
</tr>
</tbody>
</table>

**Bookstore** - Available are textbooks and supplies for classes, call 602.286.8400. You may visit their website at: www.efollett.com and selecting “College Textbooks”.

**Counseling** - Academic, personal, or career counseling available. Call 602.286.8900.

**Employment** - Upon completion of the Health Unit Coordinator Program, contact the Career & Re-Entry Services, at 602.286.8500 for assistance.

**Financial Aid** - Available for qualified students. Contact the Financial Aid Office at 602.286.8300 or visit website: http://enroll.gatewaycc.edu/FinancialAid/ApplyForFinancialAid/default.htm

**Student Assessment Center** - Services include instructor makeup exams, the English, Math, and Reading COMPASS placement tests, and selected instruments required for acceptance into the Health Science or Nursing programs. Call 602.286.8160 for specific days and times tests are available.

**Tutoring Assistance** - Available through the Learning Center, 602.286.8800.

For a complete listing of student services, please refer to the college catalog, or visit GateWay’s website: www.gatewaycc.edu or call college information at 602.286.8000.
Instructions for DPS Fingerprint Clearance Card Application

Website: fieldprintarizona.com/

1. Click on “Schedule an Appointment”
2. Set up account: New Users/Sign up
3. Under Reason, select “Regular Application - Volunteer or Student”
4. In Sponsors, choose “Health Science Students & Clinical Assistants”
5. Complete personal information
6. Complete demographic information
7. Under employer information, enter:
   Maricopa Community College Healthcare Education
   2411 W. 14th St. Tempe AZ, 85281
   Phone: 480-731-8240

8. Complete Release Form
9. Read and agree to Privacy Information
10. Schedule your appointment for fingerprint scanning
11. Enter payment information
12. After completing the fingerprint scanning, you will receive an email from AZ DPS confirming receipt of application
13. In approximately 4-6 weeks* you should receive the card in the mail. You can monitor the status of your card at:

*Results dependent on processing times of AZ DPS and the FBI, which are subject to change
Allied Health STUDENT HEALTH AND SAFETY
DOCUMENTATION CHECKLIST

Name: ________________________________  Student ID: ________________ Date: ________________
Cell Phone: ________________ Home Phone: ________________ Email: ________________________________

Must attach documentation (copies of lab reports, immunization records, CPR card, etc.) as indicated for each
of the following to be in compliance with Maricopa Community College requirements. Fingerprint clearance
card, CPR certification and TB skin test must be current throughout the semester of enrollment or duration of
practicum experiences. See “Explanation of Requirements” in the Allied Health Shared Student Policies
handbook for specific detail. Also, DO NOT have facilities initial or stamp anything on this checklist.

A. MMR (Measles/Rubeola, Mumps and Rubella): Requires documented proof of a positive IgG
MMR titer or documented proof of One MMR series.
   1. MMR vaccination: Dates: #1 ________________ #2 ________________
   OR
   2. Date & titer results:
      Measles: ______________________________
      Mumps: ______________________________
      Rubella: ______________________________

B. Varicella (Chickenpox): Requires documented proof of positive IgG titer or documented proof of Varicella series.
   1. Varicella vaccination dates: #1 ________________ #2 ________________
   OR
   2. Date & results of varicella IgG titer: Date: ________________ Result: ________________

C. Tetanus/Diphtheria/Pertussis (Tdap): You must provide proof of a one-time Tdap vaccination and Td booster if
   10 years or more since Tdap vaccination
   1. Tdap vaccine: Date: ________________
   OR
   2. Td booster: Date: ________________

D. Tuberculosis: Documentation is required for all tests. For individuals who have not received a TB test within the
   past year, will need to receive a 2-Step TB test. This consists of two separate TB test; an initial TB skin test and a
   second TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient.
   If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray and annual
documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed
within the previous six (6) months.
   1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and
      signature of healthcare provider.
         Initial Test (#1) Date: ________________ Date Read: ________________ Results: Negative or Positive
         Boosted Test (#2) Date: ________________ Date Read: ________________ Results: Negative or Positive
2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)  
   Date: _______________  Date Read: _______________  Results: Negative or Positive
   OR

3. Negative blood test (Either QuantiFERON or TSpot)  
   - QuantiFERON Date: _______________  
   - T-Spot Date: _______________
   OR

4. Negative chest X-ray
   OR

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in CastleBranch).  
   Date: _______________

E. **Hepatitis B:** Documented evidence of completed series or positive antibody titer or signed declination form. If you have not received any injections, do not get a titer. The second injection of the series is 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.  
   - Date Titer received: _______________  Results: _______________  
   - Date of 1st injection: ___________ Date of 2nd injection: ___________ Date of 3rd injection: ___________
   OR
   - HBV Vaccination Declination Attached

F. **Influenza:** Documented evidence of influenza vaccination for the current flu season or declination.  
   - Date of Injection: _______________  OR  Signed Declination Form Attached

G. **CPR Card (Healthcare Provider level):** An official certification is required (In-Person or Hybrid training courses are only accepted)  
   - Date Card Issued: _______________  Expiration Date: _______________

H. **CastleBranch Clearance Document: Passed Page:** Expiration Date: _______________

Instructions once alerted of passing background  
Under your "My Document area" go to "Background Check" area, go to "Clearance Document" area of your profile and click the "download" button to print your **ONE PAGE - Passed Page** please do not submit your entire report from your background check.
I. Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

*Please do not attach or turn in your actual physical information from your visit.*

I believe the applicant _________ WILL OR _________ WILL NOT be able to function as an allied Health student as described above.

If not, explained:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Health Care Provider Form: Reviewed and signed by a licensed health care provider (M.D., D.O., nurse practitioner, or physician’s assistant) within the past six (6) months.


Print Name: ___________________________________________ Title: _________________________________

Signature: __________________________________________ Date: __________________________

Address: __________________________________________

City: __________________________ State: __________ Zip Code: __________________________
APPLICATION FOR ADMISSION SURGICAL TECHNOLOGY FOR OPERATING ROOM NURSE PROGRAM

GATEWAY COMMUNITY COLLEGE
108 N 40th St / Phoenix, AZ 85034-1704 / 602.286.8000

I PLAN TO BEGIN THE PROGRAM IN
(note fall or spring semester and year): _____________

Please print clearly

LEGAL NAME (LAST) (FIRST) (MIDDLE)

ADDRESS (STREET)

(CITY) (STATE) (ZIP)

FORMER NAME(S) which may appear on transcript __________________________

STUDENT ID NUMBER __________________________

HOME PHONE NUMBER (REQUIRED) __________________________

CELL PHONE NUMBER (REQUIRED) __________________________

E-MAIL ADDRESS (REQUIRED) __________________________

PERSON TO NOTIFY IN CASE OF EMERGENCY (REQUIRED) __________________________

PHONE (REQUIRED) __________________________

ADDRESS __________________________

ARIZONA NURSING LICENSE NUMBER __________________________

LICENSE EXPIRATION DATE __________________________

NAME OF NURSING EDUCATIONAL PROGRAM __________________________

CITY & STATE __________________________

NAME OF HEALTHCARE FACILITY YOU ARE CURRENTLY EMPLOYED AT __________________________

Information Release - FERPA:

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? Yes ☐ No ☐

Graduated: Year ___________ ☐ Diploma ☐ A.D.N. ☐ B.S.N.

Are you currently enrolled in college? Yes ☐ No ☐

If “YES”, where? __________________________

PLEASE RETURN YOUR APPLICATION TO:
Selective admission@gatewaycc.edu GATEWAY COMMUNITY COLLEGE / 108 N 40th ST / PHOENIX, AZ 85034-1704

Operating Room Nurse Program 19 October 2017-1
PREVIOUS COLLEGES OR TECHNICAL SCHOOLS ATTENDED:

NAME OF INSTITUTION
_________________________________________________________
CITY AND STATE
_________________________________________________________
DATE OF ENTRANCE ____________________________ DATE OF LEAVING ____________________________
DIPLoma OR DEGREE RECEIVED ____________________________ COLLEGE MAJOR ____________________________

NAME OF INSTITUTION
_________________________________________________________
CITY AND STATE
_________________________________________________________
DATE OF ENTRANCE ____________________________ DATE OF LEAVING ____________________________
DIPLoma OR DEGREE RECEIVED ____________________________ COLLEGE MAJOR ____________________________

Attach separate sheet if additional space is needed

LIST ALL HEALTH EXPERIENCE RELATED EMPLOYMENT:

STARTING WITH MOST RECENT AND WORKING BACK, LIST EMPLOYERS:

OCCUPATION
_________________________________________________________
EMPLOYER
_________________________________________________________
ADDRESS
_________________________________________________________
NAME OF SUPERVISOR
_________________________________________________________
REASON FOR LEAVING
_________________________________________________________

OCCUPATION
_________________________________________________________
EMPLOYER
_________________________________________________________
ADDRESS
_________________________________________________________
NAME OF SUPERVISOR
_________________________________________________________
REASON FOR LEAVING
_________________________________________________________

MILITARY:

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces? If yes, select all that apply:

I am a current member of the US Armed Forces Yes ☐ No ☐
I am a dependent of a member of the US Armed Forces Yes ☐ No ☐
I am a former member of the US Armed Forces Yes ☐ No ☐

CERTIFICATION:

I certify that the above answers are true, correct, and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Surgical Technology for Operating Room Nurse Program and from the college.

_________________________________________    ____________________________
Signature                                      Date
Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirements – effective September 1, 2011

Overview of the Requirements
In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District’s ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.
- An original version of the “Criminal Background Check Disclosure Acknowledgement” form attached to this Summary signed by the student.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements
1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student’s responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.

2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

3. The Criminal Background Check Disclosure Acknowledgement directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details.
- Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD’s clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.
IMPORTANT ANNOUNCEMENT – Change in Background Check Standards for Maricopa Community College Admitted on or after September 1, 2011

For all allied health and nursing students who seek to begin MCCCD healthcare programs on or after September 1, 2011, new background check standards will be in effect. Additionally, students who have been admitted to an MCCCD healthcare program or who are currently enrolled in one as of September 1, 2011 will be required to sign an MCCCD Criminal Background Check Disclosure Acknowledgement form. These changes are necessary due to the fact that six of eleven of MCCCD’s largest clinical experience hospital partners have established stringent background check standards that preclude MCCCD from assigning students to those sites who cannot meet those standards. In order for MCCCD students to be able to continue to complete clinical experiences at local hospitals, students must meet these new standards.

For persons wishing to enroll in a Program on or after September 1, 2011, the person must meet the following standards:

- Possession of a valid Arizona Department of Public Safety Level One Fingerprint Clearance Card. Students who currently possess a DPS Card that is another level will not be allowed entrance into a health care program. Students are required to pay the cost of obtaining this background check. If the Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or while enrolled in a MCCCD healthcare program a student must notify the Program Director immediately and he or she will be removed from the Program. Please see the "Frequently Asked Questions" sheet for details regarding the DPS Card.

- Each student must provide documentation that he or she has completed and “passed” a MCCCD-supplemental background check through the approved vendor CastleBranch. Students are required to pay the cost of obtaining this background check. Students whose background checks are more than six months old on the date of beginning a healthcare program must obtain an updated background check. Students who have been in a Program for more than 12 months may be requested to obtain an updated background check. Please see the attached "Frequently Asked Questions" sheet for more details regarding the MCCCD supplemental-background check.

- The MCCCD supplemental or the clinical agency background check may include but are not limited to the following:
  - Nationwide Federal Healthcare Fraud and Abuse Databases
  - Social Security Verification
  - Residency History
  - Arizona Statewide Criminal Records
  - Nationwide Criminal Database
  - Nationwide Sexual Offender Registry
  - Homeland Security Search

- By virtue of the MCCCD supplemental background check, students will be disqualified for admission to a program or continued enrollment in a program based on their criminal offenses, the inability to verify their Social Security number, or their being listed in an exclusionary database of a Federal Agency or on a sex offender registry. Offenses that will lead to a "fail" on the supplemental background check may include but are not limited to:
  - Social Security Search-Social Security number does not belong to applicant
  - Any inclusion on any registered sex offender database
  - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
  - Any conviction of Felony no matter what the age of the conviction
  - Any warrant in any state
IMPORTANT ANNOUNCEMENT – Change in Background Check Standards for Maricopa Community College Admitted on or after September 1, 2011

- Any misdemeanor conviction for the following—No matter age of crime
  - violent crimes
  - sex crime of any kind including non-consensual sexual crimes and sexual assault
  - murder, attempted murder
  - abduction
  - assault
  - robbery
  - arson
  - extortion
  - burglary
  - pandering
  - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
  - any abuse or neglect
  - any fraud
  - illegal drugs
  - aggravated DUI

- Any misdemeanor controlled substance conviction last 7 years
- Any other misdemeanor convictions within last 3 years
- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

- At all times students are in a program they must maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on the MCCCD supplemental background check performed by the MCCCD-authorized vendor.

- Admission requirements related to background checks are subject to change without notice.

- Some clinical agencies may require additional components of a criminal background check, other than those required by MCCCD, as well as a drug screening. Students are required to pay for any and all criminal background checks and drug screens required by a clinical agency to which they are assigned.

- Even though a student possesses a valid DPS Level One Fingerprint Clearance Card and has passed the MCCCD supplemental background check, a clinical agency may decline to place a student due to information the clinical agency obtains in a background check it requires.

- If a clinical agency to which a student has been assigned does not accept the student based on his or her criminal background check, the student may not be able to complete the program.

- MCCCD may, within its discretion, disclose to a clinical agency that a student has been rejected by another clinical agency.

- MCCCD has no obligation to make attempts to place a student when the reasons for lack of placement are criminal background check issues. Since clinical agency assignments are critical requirements for completion of the program, inability to complete required clinical experience due to a student’s criminal background check will result in removal from the program.

__________________________  __________________________
Signature                                             Date

__________________________  __________________________
Printed Name                                            Student ID Number

Desired Health Care Program

Summary of Criminal Background Check Requirements.docx 24