

1100 Liberty Street | Knoxville, TN 37919 T: 865-546-5567 | F: 865-971-4474 www.tcatknoxville.edu

Surgical Technology

The Surgical Technology Program trains individuals to prepare the operating room, select and care for instruments, provide technical assistance to the surgeon and nursing team during surgery, and breakdown the room after the surgery. The program consists of four months of concentrated theory and lab practice, two months of integrated theory and clinical preparation, and six months of clinical practice. During clinical hours, students receive supervised practice in real situations that occur in the actual operating room setting. (Clinical days will be 8 hour days. The hours will vary depending on the facility.) Students receive experience in various surgical procedures, labor and delivery, and pediatric surgery. The Surgical Technology Program is accredited by *CAAHEP.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	12 Months	Monday-Friday	8:00am—2:30 pm

Course Outline

Orientation
Medical-Surgical Terminology
Anatomy and Physiology
Pharmacology and Anesthesia
Asepsis and Microbiology
Patient Care
Surgical Technology Fundamentals
Surgical Procedures
Job Skills
Clinical (120 cases required)

Diploma & Required Clock Hours

Surgical Technologist—1,296

Typical Job Opportunities

Hospital Surgical Centers Labor and Delivery Unit Technologist in Surgeon's Office

Total Placement Rate 2015: 94% CST Exam Pass Rate 2015: 81%

The goal of the Surgical Technology Program is to prepare competent entry-level Surgical Technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains; and by meeting or exceeding the criteria set forth in the current *CAAHEP* Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology.* The program will provide qualified and motivated students with a learning opportunity to develop the knowledge and skills necessary to gain employment as a Certified Surgical Technologist and become an integral part of the health care team.

All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

According to the <u>Surgical Rotation Case Requirements</u>, the student is required to complete 120 cases. Students must complete 30 cases in General Surgery (20 in the First Scrub Role). Students must complete 90 cases in various specialties. Sixty cases must be in the First Scrub Role and evenly distributed between a minimum of 4 surgical specialties. Second Scrub Role cases can include up to 10 diagnostic endoscopy and 5 vaginal delivery cases. *Observation Role cases are to be documented but do not count towards the total number of cases required.*



*Commission on Accreditation of Allied Health Education Programs (CAAHEP)

> 1361 Park Street Clearwater, Florida 33756 727-210-2350 <u>www.caahep.org</u>

How to Apply to the

Surgical Technology Program At TCAT Knoxville

Packet must be complete and include each of the below items to be submitted.

- 1. Complete TCAT Knoxville Application for Enrollment (Form is attached)
- Complete the Free Application For Federal Student Aid (FAFSA) online the website is <u>www.fafsa.ed.gov</u> and our school code is 004025. <u>Bring in documentation</u> such as confirmation email showing your FAFSA has been submitted
- 3. Immunization Record (Form is attached)
- 4. Take and pass the **COMPASS Exam** (these scores are good for two years). Exam is over Pre-Algebra & Reading and cost is \$15.00 for both sections or \$8 for one section. If a retest is needed there must be 30 days in between test. (Schedule is attached)
- Provide an <u>official sealed copy</u> of one of the following **Transcripts**: High School Equivalency
 (HSE) diploma transcript with scores or your high school transcript verifying your regular High
 School Diploma (a special education diploma will not qualify.)
 - **IMPORTANT:** If you have foreign transcripts you will need to provide an English translated version of your transcript and have your education evaluated through the National Association of Credential Evaluation Services. Please visit their website at www.naces.org for more information.
- 6. Provide current CPR card certification from American Heart Association **BLS for Healthcare Providers CPR** which covers basic life support in infant, child, adult, choking and AED.
- 7. Documentation for **Points System**. (Point System Information Attached)

Application Deadlines

Trimester	Application Submission Begins	Application Deadline
Spring 2017	May 20, 2016	October 3, 2016
Fall 2017	January 4, 2017	May 25, 2017
Spring 2018	May 30, 2017	October 20, 2017



Surgical Technology

Tuition, Book, Tool, and Supply List

1st Trimester		
Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$1,216.00

Book	ISBN	Cost	Required	
Medical Terminology etc (w/studyware CD)	9781111543273	\$ 120.00	х	
Operating Room Skills	9780135093788	\$ 66.00	х	
Surgical Instrumentation (w/bind-in access code)	9781455707195	\$ 83.00	х	
Structure & Function of the Body (W/CD), 15th edition	9780323341127	\$ 65.00	х	
Surgical Equipment & Supplies, 2nd	9780803645714	\$ 70.00	х	
Surgical Technology Principles & Practice Textbook, 6th	9781455725069	\$ 118.00	х	
Surgical Technology Principles & Practice Workbook, 6th	9780323354172	\$ 47.00	х	
TOTAL				\$569.00

Supplies	Needed By	Cost	Required	
5 Navy Blue Scrub Pants	First day of class	\$ 150.00	х	
5 Navy Blue Scrub Tops	First day of class	\$ 150.00	х	
Athletic Shoes (no canvas)	First day of class	\$ 75.00	х	
Liability Insurance	First day of class	\$ 15.00	х	
1st and 2nd Hepatitis B Vaccine Series	First day of class	\$ 120.00	х	
Physical Exam	First day of class	\$ 100.00	х	
Flu Vaccine	First day of class	\$ 25.00	х	
Criminal Background Check (after class begins)	First day of class	\$ 50.00	х	
Drug Screen (after class begins)	First day of class	\$ 155.00	х	
Random Drug Screen	during semester	\$ 35.00	х	
Hepatitis B Surface Antibody Titer	First day of class	\$ 30.00	х	
TOTAL				\$905.00

2nd Trimester						
Tuition			Cost			
Tuition*		\$1	,139.00			
Technology Access Fee*		\$	67.00			
Student Activity Fee*		\$	10.00			
TOTAL					\$	1,216.00
Book	ISBN		Cost	Required		
Pocket Guide to the Operating Room 3rd Ed.	803612265	\$	55.00	х		
TOTAL						\$55.00
3rd Trimester						
Tuition			Cost			
Tuition*		\$1	,139.00			
Technology Access Fee*		\$	67.00			
Student Activity Fee*		\$	10.00			
TOTAL					¢	1,216.00
TOTAL					7	
IOIAL					Y	
Miscelleanous Costs	_		Cost	Required		
	T Certification Exam	\$	Cost 247.00	Required X	,	
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Miscelleanous Costs AST Certification Exam Study Guide, AST Membership, AS NBSTSA Practice Exam (optional)	T Certification Exam	\$	247.00 50.00	X	\$	337.00
Miscelleanous Costs AST Certification Exam Study Guide, AST Membership, AS NBSTSA Practice Exam (optional) Graduation Supplies	T Certification Exam	\$	247.00 50.00	X		337.00

SURGICAL TECHNOLOGY POINTS SYSTEM FOR PROGRAM ENTRY

Application Deadlines

Trimester:	Application Submission Application Deadl	
	Begins	
Spring 2017	May 20, 2016	October 3, 2016
Fall 2017	January 4, 2017	May 25, 2017
Spring 2018	May 30, 2017	October 20, 2017

Point System Breakdown

PLEASE NOTE: Points are re-evaluated for each class
YOU MUST SUBMIT THIS DOCUMENTATION PRIOR TO THE DEADLINE TO BE AWARDED POINTS

1. **Compass Test Scores** – you must pass the Compass Test with at least a 30 in math and a 70 in reading. **Students qualifying** for the ACT exemption will be awarded 10 points in math and 10 points in reading.

Math Score	Point Value
30 - 49 %	5
50 - 100%	10

Reading Score	Point Value
70 - 89%	5
90 - 100%	10

- Work Experience Allied Health field within the past 5 years. You can receive a maximum of 10 points.
 - a. Work in the health care field that involved performing clinical skills in a clinical setting and direct patient care.
 - b. A typed letter on company letterhead from your employer is required.
 - c. Caring for family members and volunteer work will not qualify.
- 3. The below college classes completed and submitted by the application deadline date or taken within the past 5 years can be awarded points by providing an official, sealed transcript of the courses from the college. All coursework must have a passing grade (C or higher) and appropriate credits or hours to obtain points.

ELIGIBLE CLASSES	Possible Points
College Anatomy & Physiology	10 Points
TCAT Medical Terminology or College Medical Terminology	10 Points

POINTS CRITERIA IS SUBJECT TO CHANGE FROM TRIMESTER TO TRIMESTER

Applicants are responsible to make certain that all transcripts, certification, and work letters are included with application packet by the published deadline. To ensure accuracy, please submit all information at one time. No faxed or photocopies of any kind will be considered. No documents received after the deadline will be considered.



COMPASS® EXAM 2016



COMPASS® is a comprehensive, computer-adaptive testing program that quickly and accurately assesses students' skill levels in reading and mathematics. Because it is adaptive, the length of the test will vary based upon the individual's knowledge. Please allow up to four hours to take the test. You will receive your scores immediately upon completion of the test. Compass results are good for two years from test date.

WHO IS REQUIRED TO TEST - If you are applying for any of our Allied Health Programs you will need to take the COMPASS® exam. If you have attended college before, even if you possess a degree you will still be required to take and pass the exam for entry into these programs.

EXEMPTION - If you are under 21 and have scored a 19 or above on <u>BOTH</u> the Reading and the Math sections of the ACT® (not the composite score) you do not have to take the COMPASS®. You must bring in your test results with a photo ID. A score of 19 or above in both sections is required.

REQUIRED SCORES

Program	Math (Pre-Algebra)	Reading
Dental Assisting Medical Assistant Surgical Technology	30	70
Practical Nursing	50	80

RETESTING - If you need to retest there must be 30 days in between testing.

EXAM DAY INFORMATION

- COMPASS® is \$15.00 for whole exam and \$8.00 to retest one section
- Testers be here at least 15 minutes prior to the testing time to register
- No preregistration, it is first come first serve the day of the exam
- A current, valid driver's license or government issued photo ID is required to test
- Calculators will be provided for use during the test (please do not bring calculator)
- No cell phones, food, or drinks are allowed in the testing area
- Please do not wear scented perfumes, colognes, or body spray/lotion to the exam

STUDY RESOURCES

- http://www.act.org/compass/sample/ where you may download PDF versions of additional sample questions for ACT COMPASS® placement measures.
- http://www.mycompasstest.com/ free study guide contains lessons and practice questions that will help you succeed on the Pre-Algebra portions of the COMPASS® Math Test.
- Additional resources: https://www.math.com/, and https://www.khanacademy.org/

August 16, 2016 9:00 am | 2:00 pm|5:00 pm

September 9, 2016 9:00 am - CANCELLED

September 16, 2016 9:00 am

September 20, 2016 9:00 am | 2:00 pm|5:00 pm

September 30, 2016 9:00 am

October 4, 2016 9:00 am | 2:00 pm

October 21, 2016 9:00 am

October 25 , 2016 9:00 am | 2:00 pm|5:00 pm

November 4, 2016 9:00 am

November 11, 2016 9:00 am

November 18, 2016 9:00 am

November 22 , 2016 9:00 am | 2:00 pm|5:00 pm - CANCELLED

November 29 , 2016 9:00 am | 2:00 pm|5:00 pm

Updated 9/28/2016

Measles, Mumps, and Rubella (MMR)

TCAT - Knoxville Certification of Immunization

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY	STUDENT)
Proof of MMR immunization is	not required for the following reason:
 I attended a Tennessee puble I was born prior to January 1 I am active duty or former m 	ee public or private high school in 1999 or after. (transcript attached) lic or private high school in 2001 or after. (transcript attached) 1, 1957. (copy of photo ID or birth certificate attached) nilitary personnel. (copy of DD214 or active military ID attached) F THE ABOVE IS CHECKED, PLEASE SIGN BELOW.
DADT II /TO DE COMPLETED D	(67112517)
PART II (TO BE COMPLETED BY Proof of MMR immunization is	not required for the following reason:
	use of validians deathing (Deagon officered under the population of
perjury. Please attach state	use of religious doctrine. (Reason affirmed under the penalties of ement.)
I.	F THE ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART III—MMR (TO BE COMPLETED Please circle the number that applies	
	measles vaccination since the age of 12 months: Month/year
2. Vaccination is medically contraindi	icated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed Month/year	
4. Patient is immune to disease, as co	onfirmed by laboratory.
	ATTEST
Name of physician (Please print)	(Must be signed by an M.D. or D.O.)
Physician's signature	Date
Student's signature	Date

Revised: September 4, 2014

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

ent's name: Program of Enrollment:		
PART I (TO BE COMPLETED BY STUDENT)		
Proof of varicella (chicken pox) immunization is not required f	for the following reason:	
 I attended a Tennessee public high school between 1999 second varicella vaccine dose from your physician office 		
□ I was born prior to January 1, 1980. (copy of photo ID or b	• •	
☐ I am active duty or former military personnel. (copy of Di	•	
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.	
PART II (TO BE COMPLETED BY STUDENT)		
Proof of varicella (chicken pox) immunization is not required f	for the following reason:	
□ Leafuse immunization because of religious doctrine (Peason affirmed under the populties of		
☐ I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)		
IF THE ABOVE IS CHECKED, PLEASE SI	GN BELOW.	
PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN) Please circle the number that applies to this patient:		
riedse circle the number that applies to this patient.		
1. Patient has received two doses of varicella (chicken pox) vaccinati	ion since the age of 12 months:	
Month/year Month/	year	
2. Vaccination is medically contraindicated because of pregnancy, al	llergy to vaccine, etc. (Please list reasons.)	
3. Patient had disease, as confirmed by medical record:		
Month/year		
4. Detient is immune to disease as confirmed by laboratory		
4. Patient is immune to disease, as confirmed by laboratory. Comment		
ATTEST		
(Must be signed by an M.D. o		
Name of physician (Please print)		
Office telephone		
Physician's signature	Date	
Student's signature	Date	

Revised: September 4, 2014



ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

	Full Legal Name				
Personal Information	Last	First		Middle	
	Address		City		
	County	State Zip		Address Gender: M F	
	Social Security	Date of Birth	Age		
	Marital Status:MarriedSingle Preferred Phone Number:				
	Race: Do you consider yourself to be Hispanic/Latino/Spanish origin?YesNo				
	Select one or more of the following racial categories to best describe you: American Indian/Alaska NativeNative Hawaiian/Pacific Islander AsianWhite Black or African American				
	Citizenship status:US Citizen or US National US Dual Citizen US Permanent Resident or RefugeeOther				
	US Forces Status:Currently ServingPreviously ServingCurrent DependentN/A				
	ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? Not required to registeredRegisteredRequired to register, but not registered				
<u>`</u>	Education (insert highest level of education completed):				
Prior Education/ Training	Name of last high school attended:				
	High school graduation date (mm/yyyy): GED Diploma Date				
Prio	Are you seeking credit for pri	or education, training or wo	rk experience?	YesNo	
E	Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)				
Program	When will you be available to e	nroll in class? Fall Sp	ringSummer		
	Do you plan to apply for financial aid?YesNo				

Signature of Applicant: _____ Date of Application: _____ The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual

orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:					
ADMISSIONS REQUIREMENTS					
FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: Immunizations Education Transcripts					
SPECIAL ADMISSIONS REQUIREMENTS					
Cosmetology: Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only					
Dental Assisting, Medical Assisting, and Surgical Technology Compass required scores: Math 30 and Reading 70 COMPASS or ACT – Scores:MathReading (Date:) CPR Documentation (BLS for Healhcare Providers)					
Practical Nursing: Compass required scores: Math 50 and Reading 80 Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship CPR Documentation (BLS for Healhcare Providers) COMPASS or ACT – Scores: Math Reading (Date:)					
Truck Driving: MVR DOT Physical Valid Driver's License U.S. Citizenship / Residency					
Staff Signature:					
Date:					

Revised: 6/29/2016