TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY
KNOXVILLE

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 2016:   100%

CST Exam Pass Rate 2016:   100%

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 Surgical Rotation Case Requirements, 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 www.caahep.org

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)

2. Complete the **Free Application For Federal Student Aid (FAFSA)** online – the website is www.fafsa.ed.gov and our school code is 004025. Bring in documentation such as confirmation email showing your FAFSA has been submitted

3. **Immunization Record** (Form is attached)

4. Take and pass the **HESI Exam** . Exam is over Math, Reading Comprehension and Critical Thinking the cost is $40.00.

5. Provide an official sealed copy 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
Fall 2017	January 4, 2017	May 25, 2017
Spring 2018	May 30, 2017	October 20, 2017

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
KNOXVILLE

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	$ 123.00	x	
Operating Room Skills	9780135093788	$ 67.00	x	
Surgical Instrumentation (w/bind-in access code)	9781455707195	$ 83.00	x	
Structure & Function of the Body (W/CD), 15th edition	9780323357258	$ 71.00	x	
Surgical Equipment & Supplies, 2nd	9780803645714	$ 70.00	x	
Surgical Technology for the Surgical Technologist	9781111037567	$ 224.00	x	
Surgical Technology for the Surgical Technologist workbook	9781111037581	$ 96.00	x	
TOTAL				**$734.00**

Supplies	Needed By	Cost	Required	
5 Navy Blue Scrub Pants	First day of class	$ 150.00	x	
5 Navy Blue Scrub Tops	First day of class	$ 150.00	x	
Athletic Shoes (no canvas)	First day of class	$ 75.00	x	
Liability Insurance	First day of class	$ 15.00	x	
1st and 2nd Hepatitis B Vaccine Series	First day of class	$ 120.00	x	
Physical Exam	First day of class	$ 100.00	x	
Flu Vaccine	First day of class	$ 25.00	x	
Criminal Background Check (after class begins)	First day of class	$ 50.00	x	
Drug Screen (after class begins)	First day of class	$ 155.00	x	
Random Drug Screen	during semester	$ 35.00	x	
Hepatitis B Surface Antibody Titer	First day of class	$ 30.00	x	
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.	9780803612266	$ 62.00	x	
TOTAL				**$62.00**

3rd Trimester

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

Miscelleanous Costs	Cost	Required	
AST Certification Exam Study Guide, AST Membership, AST Certification Exam	$ 247.00	X	
NBSTSA Practice Exam (optional)	$ 50.00	X	
Graduation Supplies	$ 40.00	X	
TOTAL			**$ 337.00**

TOTAL PROGRAM COST		**$5,686.00**

SURGICAL TECHNOLOGY POINTS SYSTEM FOR PROGRAM ENTRY

Application Deadlines

Trimester:	Application Submission Begins	Application Deadline
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. **HESI scores – Higher scores earn more points than lower scores. More information is coming soon!**

2. **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.

TCAT - Knoxville Certification of Immunization
Measles, Mumps, and Rubella (MMR)

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 graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
☐ I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
☐ I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
☐ I am active duty or former military personnel. (copy of DD214 or active military ID attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

☐ I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:
Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
_____

3. Patient had disease, as confirmed by medical record:
Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.
Comment_____
ATTEST
(Must be signed by an M.D. or D.O.)
Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TCAT - Knoxville Certification of Immunization
Varicella (Chicken Pox)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)
Proof of varicella (chicken pox) immunization is not required for the following reason:

□ I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
□ I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
□ I am active duty or former military personnel. (copy of DD214 attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)
Proof of varicella (chicken pox) immunization is not required for the following reason:

□ I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)
IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)
Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:
  Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
_____

3. Patient had disease, as confirmed by medical record:
  Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.
  Comment _____

ATTEST
(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

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

<table>
<tr>
<td rowspan="2">Personal Information</td>
<td>

Full Legal Name

_____
        Last   First   Middle

_____   _____
Address   City

_____ _____ _____ _____
County   State   Zip   Email Address

___-___-_____   ____/____/_____ _____ Gender: ___ M ___ F
Social Security   Date of Birth   Age

Marital Status: ___Married ___Single   Preferred Phone Number: _____

Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? ___Yes ___No

Select one or more of the following racial categories to best describe you:
____American Indian/Alaska Native   ____Native Hawaiian/Pacific Islander
____Asian   ____White
____Black or African American

Citizenship status: ___US Citizen or US National   ___ US Dual Citizen   ___ US Permanent Resident or Refugee ___Other

US Forces Status: ___Currently Serving ___Previously Serving ___Current Dependent ___N/A

ALL MALES 18 OR OLDER **MUST** be registered with Selective Service. Have you registered for Selective Service?
___Not required to registered ___Registered ___Required to register, but not registered

</td>
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<tr>
<td>Prior Education/ Training</td>
<td>

Education (**insert highest level of education completed**): _____

Name of last high school attended: _____

High school graduation date (mm/yyyy): _____ GED Diploma Date _____

Are you seeking credit for prior education, training or work experience? ___Yes ___No

</td>
</tr>
<tr>
<td>Program</td>
<td>

Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)

_____

When will you be available to enroll in class? ___ Fall ___ Spring ___Summer

Do you plan to apply for financial aid? ___Yes ___No

</td>
</tr>
</table>

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.

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY — KNOXVILLE

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
HESI required scores: Math 70 and Reading 70

☐ HESI |ACT Scores: _____ Math _____ Reading _____ Critical Thinking (Date: _____)
☐ CPR Documentation (BLS for Healhcare Providers)

Practical Nursing:
HESI required scores: Math 70 and Reading 70

☐ Notarized Declaration of Citizenship   ☐ Copy of ID Used to Declare Citizenship

☐ CPR Documentation (BLS for Healhcare Providers)
☐ HESI |ACT Scores: _____ Math _____ Reading _____ Critical Thinking (Date: _____)

Truck Driving:

☐ MVR   ☐ DOT Physical   ☐ Valid Driver's License
☐ U.S. Citizenship / Residency

Staff Signature: _____

Date: _____