

**CENTRAL STERILE PROCESSING CERTIFICATE
COMPETITIVE ADMISSIONS POINTS- Effective FALL 2027 Entry**

| PROGRAM RELATED COURSES – STAGE I | | POINTS EARNED |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| ENG 101, ENG 110 OR ENG 111 | A = 4 Points B = 3 Points C = 2 Points | |
| CIS 113 OR CIS 110 | A = 4 Points B = 3 Points C = 2 Points | |
| ADDITIONAL DEPARTMENTAL POINTS – STAGE II | | EARNED POINTS |
| Experience in healthcare (Max of 4 points) | 1 year + experience = 4 pts. 6 months experience = 3 pts. 3-5 months experience = 2 pts. None = 0 pts. | |
| Academic Rigor (max of 4 points) | *Diploma/Certificate/Degree complete = 2 pts. *Honors, Awards, Scholarships, Memberships in Honorary Societies = 1 pt. *Extracurricular Activities = 1 pt. | |
| Observation in Related Profession or Health Field (Max of 3 pts.) Volunteer/Community/Human Service Experience | *In CSP related field = 3 pts. *If other field = 2 pts. *If limited experience/observation = 1 pt. | |
| Attend In-Person Information Session – eligible applicants will be invited via student Email by Program Coordinator. | *Attendance = 2 pts. *On-Time = 1 pt. *Professional Appearance = 1 pt. | |

*Health Grade Point Average is calculated on related courses: ENG101, 110 or ENG111 and CIS113 or CIS110.

*A minimum Health GPA of 2.0 is required, and is presented on the Health Applicant Rating Form (HARF).

Total Possible Stage I Points: 8

Total Possible Stage II Points: 15

Total Possible Points: 23

Instructions for Competitive Point Documentation

Applicants to the Central Sterile Processing program will need to provide documentation for the Stage II Competitive points. Documents of verification may be uploaded at time of completing the Health Application or applicants can bring to the in-person Information Session.

Documents must be in either of these formats when preparing to upload: .pdf, .doc, .docx, .jpeg to upload. Each document must include Last Name & First Name of Applicant.

- 1) **Verification of Employment/experience Letter from employers must be signed and dated and include:** Organization, dates of employment, signed by supervisor.
- 2) **Academic Rigor Honors, Awards, Scholarships, Honorary Society Membership, Extracurricular Activity participation and Diploma/Degree/Certificate-** Copy of document verifying completion of these must be uploaded.
- 3) **Completion of Observation and or Volunteer service in the CSP profession or other health field** – Applicants may provide a specific letter (signed by organization) verifying dates/times, organization and signature of supervisor and type of field observed/volunteered or may use either of the forms attached.

**CENTRAL STERILE PROCESSING
Observation in CSP or Other Healthcare FORM**

APPLICANT LAST NAME: _____

APPLICANT FIRST NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Observation/Volunteer Experience

How many hours of observation and/or volunteer experience did the applicant named above complete in healthcare field.

Dates: _____

If other than CSP facility, please specify healthcare field: _____

All comments are welcome: _____

Office Signature: _____

Office Name/Address: _____

Office Telephone: _____

**CENTRAL STERILE PROCESSING
VOLUNTEER WITHIN COMMUNITY FORM**

FIRST NAME _____ **LAST NAME** _____

Name /Address / Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____

Name /Address / Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____

Name/Address/Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____