



APPLICATION FOR ADMISSION

FTCC Surgical First Assisting Program

Name: _____

Home Address: _____

CST Number: (Required) _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Email: _____

EDUCATION					
<i>Transcripts MUST be sent to FTCC Admissions Department</i>					
College	Address	From Month/Year	To Month/Year	Diploma? Degree? or Certificate?	Major

	<u>Type</u>	Issued by (State or Agency)	<u>Number</u>	<u>Date</u>
Other Professional Licenses _____				
or certification _____				

WORK EXPERIENCE				
Most Recent Employer	Address	From Month/Year	Supervisor's Name	Phone Number

How many years have you worked in the operating room? _____.

WBL - CLINICAL EXPERIENCE
<p>I'm aware the clinical portion of the program will be taught as Work-Based Learning (WBL), which will allow me to continue my employment. It is my responsibility to work with my management and surgeons to obtain the required clinical cases. I understand that FTCC <u>is not</u> responsible for clinical placement.</p>



Application does not imply acceptance. It is highly recommended that you seek guidance from the appropriate credentialing agency in your home state before beginning the academic program located outside your state.

Signature of Applicant: _____

Date of Application: _____