



**CERTIFICATE IN SURGICAL TECHNOLOGY
APPLICATION INFORMATION CHECKLIST
Limited Access Health Programs: CC-ST**
AUGUST ADMISSION for the Porter Campus in Wesley Chapel
Application cycle: April 15 - June 15
CONTACT: 727-816-3371 or admissions@phsc.edu
All Applications must be submitted to LAHApps@phsc.edu

IMPORTANT

THIS SIGNED CHECKLIST MUST BE SUBMITTED WITH LIMITED ACCESS APPLICATION AND REQUIREMENTS.

APPLYING	Applicants must submit ALL limited access program admission requirements listed below in order to be considered for review. Once an application packet is submitted, it cannot be amended.
INCOMPLETE APPLICATIONS	Students who attempt to submit an incomplete application will not be processed and must reapply to the program and repay the limited access application fee once all requirements have been met.
DEADLINE	Complete applications are due NO LATER THAN close of business of THE DEADLINE DATE OF JUNE 15. If the application deadline date falls on a day the College is closed, the application will be accepted by close of business on the next business day.
NO RESPONSE/ FAILURE TO ENROLL	Applicants who do not respond to an offer of admission by the date indicated on the acceptance letter or who fail to enroll for the term for which admission is offered must reapply for a future date. All official correspondence will be addressed to your PHSC student email address.

LIMITED ACCESS PROGRAM APPLICATION REQUIREMENTS

1	PHSC application with a \$25 non-refundable fee for new students or a PHSC Readmission application for returning PHSC students not enrolled for more than 1 year or 3 consecutive terms (no fee).
2	Certificate in Surgical Technology paper application.
3	Original receipt of payment of the \$25 non-refundable limited access application fee payable at college store.
4	Clear, enlarged copy of current driver's license indicating a physical mailing address (PO Box addresses will not be used for residency preference in the selection process).
5	Official high school transcript with graduation date indicating receipt of a standard high school diploma or an official transcript of GED scores indicating receipt of a high school equivalency diploma, if not already submitted.
6	Official transcripts from each U.S. College and University attended other than PHSC if not already submitted.
7	Signed Application Information Checklist for the Technical Certificate in Surgical Technology.

ACKNOWLEDGMENTS

8	Graduation: If selected, I understand that I must have both an overall GPA of 2.0 and a PHSC program GPA of 2.0 in order to graduate from the selected program.
9	Tobacco Use: I understand that the use of tobacco at all PHSC campuses is prohibited and that I will refrain from all tobacco use.
10	Orientation Requirement: If selected, BLS for Health Care Providers CPR Certification (PHSC Course NCH0050) from PHSC or from a PHSC Training Site due at Orientation.

SELECTION PROCESS

Applicants who meet minimum requirements as of the deadline date are ranked based upon 1st applied. In addition, residents of Pasco and Hernando Counties will receive preference over out-of-county residents.

SIGNATURE

I certify that I have read and understand the statements above and that I am submitting all items listed under the Limited Access Program Application Requirements section.

SIGNATURE

STUDENT ID

DATE