

Surgical Technology Program

At Dartmouth-Hitchcock Medical Center

For office use only:
 Received by the
Program Admin Office _____
(Date / Time)

Student Application

Each section of this application **MUST** be completed in full, even if a resume is attached. **Please print.**

Today's Date _____

Current Employee: Mary Hitchcock Memorial Hospital Dartmouth-Hitchcock Clinic

Applying for: Fall (2018-2019)

Other: _____

PERSONAL INFORMATION

Mr. Mrs. Ms.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____		_____	_____
Mailing Address: Street/PO Box		City/Town	State Zip

Email Address: _____

Phone: _____
 Home Cell Work Other _____

How did you hear about the Surgical Technology Program at DHMC? DHMC Website Employee Former Student

Are you a U.S. Citizen or an Alien who has the legal right to remain and work in the U. S.? Yes or No
(Upon acceptance to the Program you will be required to provide legal documentation of citizenship/eligibility for employment)

Have you ever used another name? Yes No If YES, what? _____

"YES" answers to any of the following questions please submit describing documentation of the event:

Have you ever been discharged by an employer after being told your performance was unsatisfactory? Yes No

Have you been convicted of a felony in the last five years? Yes No

Are you currently excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs? Have you ever been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care programs after period of exclusion, suspension, debarment, or ineligibility? Yes No

Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you voluntarily resigned or withdrawn from such association to avoid imposition of such action due to professional misconduct, unprofessional conduct, incompetence, or negligence? Yes No

Are you currently (pending), or have you ever been, the subject of professional misconduct proceedings or received notice of any impending actions? Yes No

Signature of Applicant: _____

EXPERIENCE – (List Most Recent Position First)

Company / Employer	Employment Dates	Hours / week	Job Title and Brief Description of Duties:
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT _____ # of Hrs	Name of Supervisor: _____
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT _____ # of Hrs	Name of Supervisor: _____
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT _____ # of Hrs	Name of Supervisor: _____

Education:

(Official transcripts must be in sealed envelopes and should be sent directly to the school - Use check mark ✓ to indicate Transcripts have been requested)

High School: _____ Graduated: Yes No GED Transcripts

Address: _____
Street
City/Town
State
Zip

College / University	Address	Graduation Dates	Degree	Transcripts Major
Professional / Technical School				<input checked="" type="checkbox"/>
_____				<input type="checkbox"/>
_____				<input type="checkbox"/>
_____				<input type="checkbox"/>

Awards/honors/etc. _____

Please attach copies of any current professional certifications

Mail application and accompanying documents to Brian Ward at 1 Medical Center Dr. Lebanon, NH 03756