

NAME: _____

SSN: _____

SURGICAL TECHNOLOGY ADMISSION CHECKLIST

It is the **APPLICANT'S RESPONSIBILITY** to verify that His/Her file is complete
In The Allied Health Office, West Campus, Health Science Building 2, Room 128.

_____ Surgical Technology **Student Information Form** (*application*)

Please also turn in COPIES of the following:

_____ **All College transcripts** (*even those from other schools*)

_____ **Assessment Test Scores** (*i.e., THEA, TASP, ASSET, ACT, SAT, etc.*)

***The STUDENT MUST submit to the Registrar's Office IF they are not currently
enrolled at Del Mar College:***

_____ Del Mar College application

_____ Official high school transcript and previous college transcript(s)

_____ Placement test scores as required by College

_____ Complete developmental courses, if required

After program acceptance, the student must submit a completed physical examination which includes the complete Hepatitis B series, a current college transcript and a current card of completion of Cardiopulmonary Resuscitation (CPR) for Health Care Providers, which must be maintained throughout the program.