Sterile Processing Technician Application

Program Description

Sterile processing technicians are medical professionals trained to stock, sterilize, package, and prepare the tools and equipment used in surgical procedures.

IHP’s Sterile Processing program provides knowledge and hands-on experience to work as a Sterile Processing Technician. Once you are employed and work in a sterile processing department for 1-year, and meet a minimum number of hours performing a variety of sterile processing tasks, you may obtain certification through the Certification Board for Sterile Processing and Distribution, Inc. (CBSPD) and the International Association of Healthcare Central Service Material Management (IAHCSMM).

Time

• One term, 42 hours online and hands-on training in a hospital setting.

Tuition

• $1,200.00, excluding book. Tuition is due at the time of registration, or students may set up a 3-month payment plan with the Portland Community College Business Office. For Information about the payment plan, please visit the PCC Payment Plan webpage: pcc.edu/pay.

Dates to Remember

Attend a Sterile Processing Free Informational Session to learn more about the program.

Informational Session:

6pm on Tuesday, April 23rd, 2019 at the CLIMB Center for Advancement.

Applications Due:

Friday, May 31st, 2019.

Send Application Materials

Mail or deliver required documents and this application form to:
Attn: Sterile Processing
PCC Institute for Health Professionals
1626 SE Water Ave
Portland, OR 97214

Late or incomplete applications will not be accepted.
# Sterile Processing Application Packet Checklist

## Check Off Documents

We require the following documentation to be submitted for consideration into the program. **Do not submit original documents.**

- COPY of High school completion or GED certificate. A College or University degree can substitute.
- COPY of Vaccination History. ALL proof of Immunization records must be submitted with the application to participate in the clinical practicum.
  - Hepatitis B Titer/immunity exam shows positive or reactive result.
  - Tuberculosis Testing (PPD) for current year shows negative result. If result is positive, a clear chest X-ray is required.
  - MMR titer/immunity exam result shows Immunity (positive)
  - Varicella Titer/immunity exam shows Immunity (positive)
  - Tetanus within last 10 years
- Fill out this checklist and the registration form (Pages 2-3). You must include a working email address, since you will be notified of acceptance by email.
- Cover letter explaining your interest, and your skills and strengths as they apply to the sterile processing course. In addition, please provide your understanding of how the program works, including the program requirements and expectations.

## Final Steps

Students **tentatively** selected for the course will be contacted by email. Students must pass and submit a background check for final course acceptance. This will cost about $68.

## Please Keep in Mind

- Make sure you have included all requested materials before submitting your application. Incomplete or late applications will not be accepted.
- You must be age 18 when class begins.
- Submitting a registration form does not signify or guarantee that you will be registered or accepted into the Sterile Processing program.
# Registration Form Non-Credit/CEU Classes

## Part A: Course Registration Requests

<table>
<thead>
<tr>
<th>CRN (5-digit number)</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>CRN (5-digit number)</td>
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</tbody>
</table>

## Part B: Student Information

2. PCC ID Number ("G Number")

<table>
<thead>
<tr>
<th>Student Status</th>
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</thead>
<tbody>
<tr>
<td>New PCC Student</td>
</tr>
<tr>
<td>Currently Enrolled at PCC</td>
</tr>
<tr>
<td>Previously Attended PCC</td>
</tr>
</tbody>
</table>

3. Date of Birth (MM/DD/YYYY)

4. Last Name

5. First Name

6. Address:
   - City
   - State
   - ZIP

7. Email Address

8. Daytime Phone Number

9. Evening Phone Number

## Part C: Registration Confirmation

11. My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I will promise to pay to PCC all reasonable costs for collection, including collection agency fees.

| Signature | Date (MM/DD/YYYY) |