

Sterile Processing Technician Application Summer, 2020

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 (IAHCSCMM).

Time

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

Tuition

- \$1,498.00, 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 Student Account Services. 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 Thursday, April 30th, 2020

Applications Due:

April 15th to May 15th, 2020

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. This requires a titer(blood test) to show immunity for each of the following:
 - Hepatitis B Titer/immunity exam shows positive or reactive result. Or a confirmation from your medical provider stating you have immunity to protect you against Hep. B.
 - MMR titer/Immunity exam result shows Immunity(positive)
 - Varicella Titer/Immunity exam shows Immunity (positive)
 - Tuberculosis Testing (PPD) for current year shows **negative** result. If result is positive, a clear chest X-ray is required.
 - 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.

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

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

Part A: Course Registration Requests

1	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title

Part B: Student Information

2 PCC ID Number ("G Number")	Student Status <input type="radio"/> New PCC Student <input type="radio"/> Currently Enrolled at PCC <input type="radio"/> Previously Attended PCC	3 Date of Birth (MM/DD/YYYY)
4 Last Name	Other Names Used	
5 First Name	Middle Initial	6 Gender <input type="radio"/> Male <input type="radio"/> Female
7 Mailing Address	City	State ZIP
8 Email Address		
9 Daytime Phone Number	10 Evening Phone Number	
High School/GED – Name of School/Institution	City	State Year Graduated/Obtained

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Select one or more of the following racial categories to describe yourself <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type __	
Are you an Oregon resident? <input type="radio"/> Yes <input type="radio"/> No	Are you a veteran of the U.S. Military? <input type="radio"/> Yes <input type="radio"/> No

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)