

Sterile Processing Technician Application summer, 2021

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

Applications Accepted:

August 1st to August 31st

Send Application Materials

Required documents and this application form to:

EntryHealthcareApps@pcc.edu

Admission to the program is based on a first-come, first-serve basis and passes the Drug Screen/Background check. 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 required vaccinations listed below. (Proof of required vaccinations must be submitted along with application)
 - 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.
- 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

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) |