

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 (IAHCSMM).

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

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

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

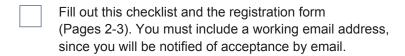
We require the following documentation to be submitted for consideration into the program.

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



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

ar	t A: Course Regi	stration Re	equests											
1	CRN (5-digit number)	Course Title												
	CRN (5-digit number)													
-	CRN (5-digit number)	Course Title												
	CRN (5-digit number)	Course Title	Course Title											
ar	t B: Student Info	rmation												
2					PCC Student Currently Enrolled at PCC riously Attended PCC									
4	Last Name							Other Names Used						
5	First Name			Middle Initial				Gender ○ Male ○ Female						
7	Mailing Address				City						State	ZIP		
8	Email Address													
9	Daytime Phone Number				10 Eveni	ing Ph	one Number							
High	School/GED – Name of Scho		City				State	Year Graduated/Obtained						
CC is	committed to affirmative a	action goals and w	vould appreciate	your respon	se to the following	g:								
Do y	ou consider yourself to be His	spanic/Latino?	○ Yes ○ No	S	Select one or more o	of the	following rac	cial categorie	es to des	cribe you	urself			
Citiz	en Type U.S. Citizen (Other, Enter T	○ American Indian or Alaska Native○ Asian○ Black or African American○ Native Hawaiian or Pacific Islander○ White												
Are	re you an Oregon resident? Yes O No Are y					Are you a veteran of the U.S. Military? Yes O No								
ar	t C: Registration	Confirmat	tion											
11	My enrollment with Portland If I fail to remit payment who	d Community Colleg en due, I will promis	ge will signify my cose to pay to PCC al	onsent to and	d acceptance of all costs for collection	policie n, inclu	es and proce Iding collecti	edures gover ion agency f	ning my ees.	enrollme	ent, includ	ling financi	ial liability.	
	Signature						Da	te (MM/DD/	YYYY)					
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