



## 2025-2026 Admissions Packet

Dear Prospective Surgical Technology Student,

Congratulations on your decision to pursue the Surgical Technology Program at Washburn Tech. This packet will help guide you through the application process.

The Washburn Tech Surgical Technology program is available in a full-time, daytime format. Eighteen students are accepted to the program every summer. Students are required to complete all prerequisites, general education, and correlated courses before beginning the Surgical Tech core curriculum. Upon successful completion of all coursework the student will be awarded an Associate of Applied Science degree with a major in Surgical Technology.

The associate degree is designed to provide graduates with the knowledge, skills, attitudes, and abilities needed to practice safely and effectively as an entry level Surgical Technologist. Graduates are eligible to take the National Certification Exam to earn the Certified Surgical Technologist (CST) credential.

Students learn to apply basic surgical skills, communicate effectively, and maintain standard professionalism and reliability, along with the understanding of how these affect the surgical patient. The surgical technologist should be one with a strong sense of responsibility, a stable temperament, a concern for order, considerable patience, and one who pays attention to details. The surgical technologist's job will require heavy lifting, good manual dexterity, and physical stamina as the surgical tech may be standing for long periods of time. The surgical technologist must be keenly sensitive to the surgical patients' needs and be able to work effectively under stress.

Please review the content of this packet to get an overview of the admissions process. This is information that is critical for a successful application- **read the entire packet carefully**. You must keep your contact information up to date with Washburn Tech as we frequently communicate with prospective students via phone, mail and e-mail.

All requirements on the enclosed checklist must be completed prior to being considered for selection into the program. To check the status of your file, call the Admissions Office at 785-670-2200. Thank you for considering Washburn Tech for your educational needs.

Sincerely,  
Megan Staab, CST  
Surgical Technology Director/Instructor

Washburn Institute of Technology (Washburn Tech) prohibits discrimination on the basis of race, color, sex, religion, age, national origin, ancestry, disability, marital or parental status, sexual orientation/gender identity, genetic information or other non-merit reasons, in programs and activities, admissions, educational programs or activities and employment, as required by applicable laws and regulations. The follow person has been designated to handle inquiries regarding the non-discrimination policies: Equal Opportunity Director, Washburn University, 1700 SW College Ave., Topeka, Kansas 66621, 785.670.1509, [eodirector@washburn.edu](mailto:eodirector@washburn.edu).

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## Pre-Admission Checklist

The following pre-admission requirements must be completed for a student to be considered for the selection process.

**Deadlines: For priority consideration, the completed application is due by February 1. Interviews for students who have submitted their completed application will be held October through January.**

**Decisions regarding acceptance into the summer cohort will be made the week of March 1. It is the applicant's responsibility to provide the required documentation and verify that it has been received. In addition, an interview is required. Applications to the Surgical Tech program are accepted year-round. Students are encouraged to submit their application as soon as possible to increase their chances to start the program in their desired term.**

1	Complete and submit the Washburn Tech application form for Admissions located at <a href="http://www.washburntech.edu">www.washburntech.edu</a>
2	Complete all of the following pre-requisite courses, earning a grade of "C" or better in each (submit official transcripts): <b>1. Medical Terminology (3 credit hours)</b> <b>2. First Year Writing (3 credit hours)</b> <b>3. Contemporary College Math OR College Algebra (3 credit hours)</b> <b>4. Human Anatomy and Physiology w/ Lab (5-6 credit hours) -within last 5 years</b> <b>5. General Education</b> <ul style="list-style-type: none"><li>• <b>3- 3 credit hour courses from three buckets* (9 credit hours)- recommend Communications for one bucket</b></li></ul>
3	Submit all <i>OFFICIAL</i> transcripts for college, high school and/or GED
4	Complete the Surgical Technology application
5	Submit three references, using the Surgical Technology Applicant Reference Statement form included in this packet, from a current or previous employer, preferably in the healthcare field or health care instructors. <b><i>References from family members and friends are <u>not</u> acceptable</i></b>
6	Interview with Surgical Technology Director/Instructor Megan Staab. E-mail preferred: <a href="mailto:megan.staab1@washburn.edu">megan.staab1@washburn.edu</a> Please submit all documentation <u>prior</u> to scheduling.

\* "buckets" include Natural Sciences, Social Sciences, Humanities, Scientific Reasoning & Literacy, Inclusion & Belonging

Applicants are considered for acceptance once the Priority Deadline for admissions has passed.

Applicants will be notified by letter of their status.

- Applicants who are **conditionally accepted** into the program are awaiting some documentation that is required for acceptance (i.e. transcripts). If this documentation is not received by the

designated deadline, or if the documentation does not meet admission standards, the conditional acceptance will be rescinded.

- Applicants who are **accepted** into the program have completed all requirements for acceptance.
- Applicants who are **denied acceptance** may not have the requisite test scores or grades. Applicants may retest or retake the classes, and reapply for future cohorts.

### **Program Information**

Program and prerequisite courses require students to have knowledge of and access to computers. Students will be required to submit homework online using Microsoft Word, download information and use e-mail. Laptops are not required in the classroom but highly recommended.

Previous work in the health field is highly recommended.

Prerequisite courses are available to take at Washburn Tech and Washburn University. In order to enroll in courses at Washburn University, you must complete the following:

- Submit completed Washburn University application
- Submit official high school or GED transcripts
- Submit all official college transcripts
- Meet with your Academic Advisor/Program Navigator to enroll in prerequisite courses

For prerequisite advising questions, please contact the Surgical Technology Program Academic Advisor at 785-670-3359.

### **Full-time program**

- Applications are accepted year-round *for Summer admission only*.
- Instructional hours for core curriculum-- Monday-Friday 8:00 am-2:55 pm
- Instructional hours for required and general education work—varies, including online
- Clinical hours vary-could be as early as 6am
- Times for all programs are subject to change

### Associate of Applied Science- Surgical Technology Degree Requirements

	Credits
<b><u>REQUIRED PREREQUISITE</u></b>	
Anatomy & Physiology with Lab– minimum 6 hours <i>**HCT 136 &amp; 137 Available at Washburn Tech (WIT)</i>	6
CPR – (BLS for the Healthcare Provider) **Available at WIT <i>*For information on CPR at WIT, please reach out to Teresa V. at 670-3353</i>	
Medical Terminology <i>HCT 126 Medical Terminology **Available at WIT</i>	3
<b><u>GENERAL EDUCATION REQUIREMENTS</u></b>	
Contemporary College Math <i>*MA112 Contemporary College Mathematics <b>OR</b> *MA116 College Algebra at Washburn University</i>	3
English Composition I <i>*EN101 First Year Writing at Washburn University</i>	3
Communications* -recommended <b>CN150 Public Speaking at Washburn University</b>	3
General Education Requirement bucket #two	3
General Education Requirement bucket #three	3
<b>Total Hour Minimum</b>	<b>24</b>

*\* "buckets" include Natural Sciences, Social Sciences, Humanities, Scientific Reasoning & Literacy, Inclusion & Belonging*

<b>Surgical Technology Core Courses</b>		
<b><u>Semester 1- Summer</u></b>		
SUR 105	Intro to Surgical Technology	4
HCT 204	Microbiology w/ Lab for Health Professions	4
<b>Semester 1 Total</b>		<b>8</b>
<b><u>Semester 2- Fall</u></b>		
SUR 135	Principles & Practices of ST	5
SUR 145	Principles & Practices of ST Lab	3
SUR 155	Surgical Procedures I	4
SUR 180	ST Clinical I	4
SUR 250	Surgical Pharmacology	2
<b>Semester 2 Total</b>		<b>18</b>
<b><u>Semester 3- Spring</u></b>		
SUR 245	Surgical Procedures II	5
SUR 266	Surgical Procedures III	4
SUR 274	ST Clinical II	8
SUR 295	ST Certification Review	1
<b>Semester 3 Total</b>		<b>18</b>
<b>Core Program Total</b>		<b>44</b>

NOTE: English as Second Language applicants will be considered for the program when they pass the TOFEL exam, the entrance exams in Reading for Information and applied Math at the required levels for entrance into the program.

### Acceptance Process

To ensure an equitable process, a scoring rubric based upon assessment scores, prerequisite grades, references, and the interview are used during the selection process. The top applicants will be selected. Additional points are added to the rubric for related licensure, degree, certificates and health field experience. All pre-program general education and required courses must be fully completed prior to beginning the Surgical Technology Core Curriculum. Applicants will be notified in writing of their acceptance, or placement on the alternate list. (NOTE: Only applicants who have met all deadlines and have a complete file receive this communication.) Applicants must respond in writing, indicating their plan to accept or decline enrollment in the Surgical Technology program by the date designated in the notification letter. In addition, an enrollment fee of \$50 must be paid when accepting a seat in the program, if there has been a break in enrollment. Contact the admissions office for more information. Failure to respond by the established deadline can result in forfeiture of a seat in the Surgical Technology Program.

### Reapplication Process

Applicants who are not selected for admission must reapply by submitting a new Surgical Technology application for the next class, by the application deadline. Professional references must be within two years of submission.

### Student Responsibilities upon Acceptance into Program

**Washburn Tech has partnered with *Verified Credentials* to track student health clearance records, and conduct pre-entrance background checks and drug screens. Students will be assessed a fee upon signing up on the *Verified Credentials* website and will be responsible for paying the fee.**

Students who have been accepted into the Surgical Technology program are required to attend program orientation. Orientation for 2025 is scheduled for May 21<sup>st</sup>. Required documents for final acceptance into the program must be uploaded into Verified Credentials by August 18<sup>th</sup>. Required documents include:

- Background Check—Washburn Tech requires a background check prior to starting classes. If your background check provides adverse information that may prohibit your ability to attend clinicals, become employed or licensed, you may not be able to start and/or complete the Surgical Technology program.
- Urine Drug Screen- Drug screens are set up via Verified Credentials
- Physical exam—A physical examination must be completed before entering the program and must have been obtained within three months prior to starting the program. Students who are accepted into the program will receive a physical examination worksheet for their provider.
- CPR for the Healthcare Provider/BLS or for the Professional Rescuer (CPR – Health Care Providers course offered at Washburn Tech)
- Proof of health insurance (Washburn University has plans available.)
- Proof of the following health/vaccine requirements are required.

- MMR documentation (titer date or first and second dates required)
- Diphtheria, Tetanus, and Pertussis vaccine (Good for 10 years)
- Current negative TB skin test
- Hepatitis B series or titer
- Covid-19 vaccination /series
- Varicella (chicken pox) titer or vaccination-*we will not accept history of chicken pox*

**Many of our clinical partners are requiring students to have the Covid-19 vaccine in order to complete clinical hours. Due to accrediting body and program clinical requirements, Washburn Tech cannot guarantee that requirements for program completion can be met when a student is not vaccinated.**





5724 SW Huntoon  
Topeka, KS 66604  
Fax: 785-670-3495  
Email: tech-info@washburn.edu

**Surgical Technology Applicant Reference Statement**

**To the Applicant:**

*Please request reference statements from three persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references. Request your reference **send directly to the Admissions Office** at Washburn Institute of Technology.*

Please print your name \_\_\_\_\_  
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee student access to their educational records. Students may, however, waive their right to access to references. The choice of the applicant regarding this reference is to be indicated below.

**Please circle your response:** I do / do not waive my right to inspect the contents of the following reference.

Signature \_\_\_\_\_

**To the Reference:**

The above-named person is applying for admission to the Surgical Technology program at Washburn Tech and has given your name as a reference.

Please give us a candid assessment of this applicant regarding their suitability for our program.

**How long and in what capacity have you known the applicant?** \_\_\_\_\_

Please describe the nature of professional relationship (employer, licensed colleague, supervisor, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

**Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.**

Assessment Area	Superior	Good	Average	Poor	Unknown
Intellectual ability					
Motivation					
Self-reliance					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and format a solution					
Cooperativeness					
Creativity/innovation					
Leadership					
Reliability					
Integrity					
Cultural sensitivity					

Overall assessment of the applicant as to their ability to complete the Surgical Technology program:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Comments:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Motivation					
Self-reliance					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and format a solution					
Cooperativeness					
Creativity/innovation					
Leadership					
Reliability					
Integrity					
Cultural sensitivity					

Overall assessment of the applicant as to their ability to complete the Surgical Technology program:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Comments:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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(Last) (First) (Middle)

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Please give us a candid assessment of this applicant regarding their suitability for our program.

**How long and in what capacity have you known the applicant?** \_\_\_\_\_

Please describe the nature of professional relationship (employer, licensed colleague, supervisor, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

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Assessment Area	Superior	Good	Average	Poor	Unknown
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Motivation					
Self-reliance					
Oral communication skills					
Written communication skills					
Ability to analyze a problem and format a solution					
Cooperativeness					
Creativity/innovation					
Leadership					
Reliability					
Integrity					
Cultural sensitivity					

Overall assessment of the applicant as to their ability to complete the Surgical Technology program:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Comments:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please submit directly to Admissions Office. Fax: 785-670-3495 Email: [tech-info@washburn.edu](mailto:tech-info@washburn.edu)



**Washburn Tech Surgical Technology Program Summer 2025 Application**

*Submit application to Washburn Tech’s Admissions Office by priority deadline, February 1.*

Name \_\_\_\_\_  
(First) (Middle) (Last)

Current Mailing Address \_\_\_\_\_  
(City) (State) (Zip) \*\*\*We will mail your decision letter to this address

WIN (Washburn ID Number) \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Admission files are accepted on a rolling admission.**

**Prerequisite Information**

*Please indicate credit hours and college where you completed your prerequisites/coursework.*

Prerequisite	Course	Credit Hours	College	Year Taken	Grade
Human Anatomy & Physiology w/ Lab (Completed within the past 5 years, no exceptions)					
Contemporary Math or College Algebra					
Medical Terminology					
(Communications) Gen Ed #1					
Gen Ed #2					
Gen Ed #3					
English Comp. I or First Year Writing					
Microbiology *can be taken w/ summer cohort					

**All official transcripts must be submitted to Washburn Tech prior to Acceptance.**

Check if you have the following:

- Health care experience\*  
*Please describe:* \_\_\_\_\_
- Healthcare related licensure, certification, degree\*

**\*Not required for admission but recommended.**

**References**

Please list all individuals from whom we will receive references.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

<b>Healthcare Credentials (For student to fill out)</b>		
<b>Credential</b>	<b>Certification Number</b>	<b>Certificate Expiration Date</b>
CPR*		

*\*CPR must be BLS or Healthcare Provider – (Professional Rescuer, HeartSaver CPR doesn't suffice)*

<b>Educational Background</b>			
<b>Degree/Certificate</b>		<b>Institution</b>	
<b>Degree/Certificate</b>		<b>Institution</b>	
<b>Degree/Certificate</b>		<b>Institution</b>	

<b>For Office Use Only (Please leave blank)</b>		
<b>Circle one:</b>	<b>Test Score</b>	<b>College Course</b>
SOAHOLD	Has Holds	No Holds
Readmit to core	YES	NO
Need Reactivation	YES	NO

Student Signature \_\_\_\_\_ Date \_\_\_\_\_