



Surgical Assisting Advanced Technical Certificate Program Application

Date of Application	Name (Last)	(First)	(MI)
Student ID (CWID)	Expected Date of Entry: May, Year)		

Cell Phone	Personal Email	School Email
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Address

City	State	ZIP Code
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Emergency Contact Name	Address
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Relationship to Student	Phone
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Colleges/Universities Attended/Military Training	Degree(s) Awarded
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Certification(s)/License Number(s)	List Clinical/Surgical Type of Experience
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Current Role/Employer	Supervisor/Contact Information
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By signing below, I agree to the following conditions:

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program, or removal from the program. I will also provide the Surgical Assisting Program original copies of my transcripts. I have read, and agree to the terms in the Information Packet.

Signature

Date

Return the completed application by email to drsmith@collin.edu or hand deliver between the hours of 8 a.m. and 5 p.m., Monday through Friday.

The Health Sciences Division Office
McKinney Campus,
2200 W. University Drive, H201
McKinney, Texas 75071

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