

Bluegrass Community & Technical College
Surgical Technology Program
Optional: Record of Health related work or Observation Time

Please inform the clinical instructor or supervising technologist if there is any chance that you could be pregnant.

1. Applicant Name: _____

2. PeopleSoft# or last 4 digits of SS#: _____

3. Procedures observed/Surgeon's Name :

_____	_____
_____	_____
_____	_____
_____	_____

4. Amount of time devoted (8 hours required): _____

Dates(s) under supervision: _____

Surgical observation/work experience waived by: _____

5. Any additional comments you wish to make about the applicant:

Signature of Person Supervising Observation/Work Experience

Date

Signature of Applicant to the Program

Date

This form must be completed and returned by June 1st of the year in which you wish to enroll.

Please add this form to your application documents:

**Bluegrass Community and Technical College
Office of Admissions**