

APPLICATION INSTRUCTIONS

1. Complete all sections of the application.
2. Attach a brief essay on why you would like to have a career as a Surgical Technologist.
3. Send completed application with a non-refundable \$50.00 application fee (certified check or USPS money order) payable to:

NYU Langone Health
Surgical Technology Program
462 First Avenue, CD1-44
New York, NY, 10016

5. Submit official college transcripts directly to our office, or have college send transcripts directly to our office.
6. You will be contacted once your application is received and reviewed

Have you applied to this program in the past? Yes What year? _____ No ☐

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Business Phone #: _____

Other Phone #: _____ Email: _____

Are you a U.S. Citizen? Yes ☐ No ☐ If no, what country? _____

Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, specify date and nature of conviction: _____

Will you be sponsored by a Hospital, Organization or Union Employer? Yes ☐ No ☐

If yes, by whom? _____

How did you hear about our Surgical Technology Program? _____

EDUCATION

Past education: College Transcripts (begin with most recent)

Institution	Major or Courses Taken	From	To	Degree/Certification

OCCUPATION (2 most recent)

Employment	Position	From	To

REFERENCES

Please provide two written references from a past or current employer or teacher. They can be mailed to our office at:

NYU Langone Health
Surgical Technology Program
462 First Avenue, CD1-44
New York, NY 10016

I hereby give consent to the Program to verify references. Also, I certify that the information contained in this application is correct and complete and that I have not withheld any information that would negatively impact my application. If this statement is untrue, I understand that I may be subject to immediate disqualification or dismissal from this program.

Applicant's Signature

Date

NYU Langone Health is an equal employment/affirmative action employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital/or parental status, age, national origin, citizenship, disability, veterans status, or any other classification protected by applicable Federal, State or Municipal Law.