

## 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. Include 2 passport sized photos.
4. Send completed application with a non-refundable \$50.00 application fee (check or money order) payable to:

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

5. Submit official high school transcript (or GED) or have high school send transcript directly to our office.
6. Submit official college transcript, or have college send transcript directly to our office (optional).

**Note:** Foreign students who have attended high school in other countries must have transcripts evaluated by an approved agency.

7. You will be contacted regarding an entrance exam when we receive your application and fee.

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, High School or High School Equivalency (GED) and Technical Training (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.