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**SURGICAL TECHNOLOGY PROGRAM**  
**ASHLAND COMMUNITY & TECHNICAL COLLEGE**  
**ONLINE INFORMATION SESSION VERIFICATION**

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APPLICANT NAME (please print) \_\_\_\_\_

DATE OF VIEWING \_\_\_\_\_

By signing this form, I have read the Information Session online and understand the requirements for admission to the Surgical Technology Program at Ashland Community & Technical College.

I am aware of the following topics pertaining to admission to the Surgical Technology Program:

- Program Description
- Clinical Sites
- Technical Standards
- Curriculum Requirements
- Admissions Procedure
- **OCTOBER 1<sup>ST</sup> DATE FOR SUBMISSION OF ALL APPLICATION MATERIALS**
- **SIX ITEMS REQUIRED FOR ADMISSION CONSIDERATION**
- Approximated Program Costs

Applicant Signature \_\_\_\_\_

Please return this form to:

Ashland Community & Technical College  
ATTN: Surgical Technology Program  
1400 College Drive  
Ashland, KY 41101