

**Bowling Green Technical College**  
**SURGICAL TECHNOLOGY PROGRAM**  
**APPLICATION FOR ADMISSION**

In order to be considered for program selective admission process, please provide the following information and submit prior to March 1.

Bowling Green Technical College  
Surgical Technology Program  
1845 Loop Drive  
Bowling Green, KY 42101

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

High School Attended: \_\_\_\_\_ if GED: \_\_\_\_\_  
(Name of School & Date of Graduation) (Date Taken)

Have you ever been convicted of or have charges pending against your for a felony or misdemeanor in any state jurisdiction? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, explain fully.)

\_\_\_\_\_  
\_\_\_\_\_

Do you understand the nature of the field of Surgical Technology? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked in a healthcare setting? (if yes, how long and where) \_\_\_\_\_

Have you ever attended BGTC? No \_\_\_\_\_ Yes \_\_\_\_\_ (Date last attended \_\_\_\_\_)

Have you taken the ACT, SAT, or COMPASS (circle)? No \_\_\_\_\_ Yes \_\_\_\_\_ (Year: \_\_\_\_\_)

Location: \_\_\_\_\_, Scores: \_\_\_\_\_

Have you ever attended another college: Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", please answer the following:  
Name of the college: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Do you have a degree \_\_\_\_\_ if yes, what type and major \_\_\_\_\_

Have you been advised by a Surgical Technology faculty member \_\_\_\_\_ (if "NO", you need to make an appointment for advisement. Call 270/901-1080 [8 am to 3 pm M thru F]. Bring this application and any transcripts with you to the advisement.)

I understand that this application is for consideration into the Surgical Technology Program, which begins in the fall semester. I also affirm that the information provided by this application is accurate.

\_\_\_\_\_  
(Signature) (Date)