



SOUTH PLAINS COLLEGE

STERILE PROCESSING

APPLICATION FOR ADMISSION

PERSONAL INFORMATION		
NAME (LAST, FIRST)	SPC ID #: *REQUIRED	SOCIAL SECURITY NUMBER
ADDRESS:	CITY, STATE	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS: *MUST BE SPC EMAIL	

HEALTHCARE PROGRAM:
 Have you previously applied to or been enrolled in a healthcare program? Yes No
 If yes, when and where: _____ (*letter of standings required).
 Did you finish the program? Yes No
 If not, please explain: _____ (*letter of standings required).
 Have you ever been convicted of a felony? Yes No If yes, please explain: _____

EDUCATION					
School Name	Location	Years Attended	Degree Received	Major	

MEDICAL EXPERIENCE					
Medical Experience	Location	Years	Certification		

SIGNATURE DISCLAIMER

- ALL items (1-5) must be completed before the Sterile Processing Application can be submitted.
- Applicants needing to take additional TSI remedial courses in Summer I can apply the second week of June with verification of course enrollment.
- Students in the Sterile Processing Program who may have a criminal background, please be advised that the background may keep you from entering the program due to clinical site policies. Students who have a question regarding their background, please speak with the Program Director or the Department Chair.

_____ I certify that the information in this application is true and complete to the best of my knowledge. I understand that the South Plains College Sterile Processing Program faculty and staff will read any misrepresentation or falsification of information caused in this application, denial of admission, or expulsions.

Signature: _____ Date: _____

