



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Endoscope Reprocessing Technician Certificate

1 semester

Program Advisement Form

The program advisement form is required for students pursuing admission to the Endoscope Reprocessing Technician program. Students must be currently enrolled or admitted to the Endoscope Reprocessing Technician Certificate or Interdisciplinary Studies Degree.

Please complete Applicant Information below:

First Name	Middle Name	Last Name	Student Number:
Address	City	State	Zip code
Phone:			
GTC Email Address		Alternate Email Address	

Please select the Start Term for which you are applying:

LAWRENCEVILLE CAMPUS - Please note application deadline and class	
<p>Fall Semester: June 1 Prerequisite Deadline: End of Summer Term Day class: 1:00 p.m. – 4:00 p.m. Clinical: 7:00 a.m. – 3:00 p.m.</p>	<p>Fall Semester: June 1 Prerequisite Deadline: End of Summer Term Night class 6:00 p.m. – 9:00 p.m. Clinical: 3:00 p.m. – 11:00 p.m.</p>
<p>Spring Semester: November 1 Prerequisite Deadline: End of Fall Term Day class: 1:00 p.m. – 4:00 p.m. Clinical: 7:00 a.m. – 3:00 p.m.</p>	<p>Spring Semester: November 1 Prerequisite Deadline: End of Fall Term Night class: 6:00 p.m. – 9:00 p.m. Clinical: 3:00 p.m. – 11:00 p.m.</p>
<p>Summer Semester: March 22 Prerequisite Deadline: End of Spring Term Day class: 1:00 p.m. – 4:00 p.m. Clinical: 7:00 a.m. – 3:00 p.m.</p>	<p>Summer Semester: March 22 Prerequisite Deadline: End of Spring Term Night class: 6:00 p.m. – 9:00 p.m. Clinical: 3:00 p.m. – 11:00 p.m.</p>

Please attach a copy of your CSPDT card, or CRCST card, or Central Processing Certificate from a TCSG College, or Certificate of Good Standing from Jennifer Behlmann (if currently in progress with CS Certificate Program at GTC) to this advisement form. Please read and initial each of the following statements:

- _____ I have verified my admissions file is complete and currently pending program advisement form.
- _____ I understand I must be in good academic standing at the time the program starts.
- _____ I understand I must be 18 years of age at the time program starts.
- _____ I understand criminal background checks and drug screens are required based on the requirements for participation in clinical experiences.
- _____ I understand FYES 1000 (unless exempt) must be completed before beginning the program.
- _____ I understand I must attend the mandatory meeting to secure a seat in the program.
- _____ I understand completion of prerequisite courses and meeting other minimum requirements does not guarantee selection to the Endoscope Reprocessing Technician program, as there are a limited number of seats available in the occupational and clinical courses.
- _____ I understand I must provide a CSPDT card, or CRCST card, or Central Processing Certificate from a TCSG college, or a Certificate of Good Standing from Jennifer Behlmann (if currently “in progress” with CS Certificate Program at GTC)
- _____ I understand I must have a 2.5 GPA or higher for the prerequisite classes stated in the following chart.

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To be completed by Applicant

Required Prerequisite Courses Must have a 2.5 GPA	Letter Grade Earned or IP (in progress)	Semester Completed
ENGL 1010: Fundamentals of English I or ENGL 1101 Composition and Rhetoric I (3)		
MATH 1012: Foundations of Math or MATH 1111 College Algebra (3)		
FYES 1000: First Year Experience (2)		

Please read and initial each of the following:

- _____ I understand that students applying to the Endoscope Reprocessing program will be sent a confirmation email within one week after deadline.
- _____ I understand seats in the Day or Evening classes are first come, first serve based on completion of requirements.
- _____ I understand preference will be given to the students who have completed a Central Processing Certificate Program at Gwinnett Tech and/or have work experience in the field. If you wish to report work experience, please contact Jennifer Behlmann at jbehlmann@gwinnettech.edu after turning in this form.
- _____ I understand that it is my responsibility to return this completed form to the Health Team at Enrollment Support Center at healthteam@gwinnettech.edu or in person at the Lawrenceville or Alpharetta-North Fulton Campus, through the Qless app by appointment only.
- _____ Please be aware that our partner clinical sites are requiring students to complete their COVID-19 vaccine series. Each clinical site reserves the right to deny a student entry based on their own policies and procedures. If a student does not have all required immunizations and tests, the student may have limited access to clinical sites, which may delay or prevent program completion. As a result, successful completion of the program may not be possible.

Student Signature: _____ **Date:** _____

Enrollment Advisor Signature: _____ **Date:** _____

For staff use only

Student is in good academic standing	All previous transcripts have been received
Student has an active Admissions file	Student has "in-progress" classes
All prerequisite courses completed with a minimum grade of <u>C</u>	# of in-progress courses
Student's Driver's License and/or P-Card have not expired	Student has provided a CSPDT, or CRCST, or Central Processing Certificate
Email Program Specialist Program Advisement form and certification	Submit Program Advisement form to Admissions

To be completed by program specialist after mandatory meeting:

- _____ Background/Drug screening completed
- _____ Immunizations completed
- _____ Released for registration

Gwinnett Tech does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status. For compliance concerns, contact Lisa Richardson, Section 504/ADA, Title IX and Equity Coordinator, at lrichardson@gwinnettech.edu, 678-226-6691, Building 100, Office 407.