



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

# Central Sterile Supply & Endoscopy Processing Certificate

2 semesters

## Program Advisement Form

The program advisement form is required for students pursuing admission to the Central Sterile Supply & Endoscopy Processing Certificate program. Students must be currently enrolled or admitted to the Central Sterile Supply and Endoscopy Processing Certificate or Interdisciplinary Studies/Central Sterile Processing Degree. **Applications will be accepted each year starting January 1st to the June 1st deadline for the Fall semester of that year.**

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 schedule for which you are applying:

<b><u>LAWRENCEVILLE CAMPUS - Please note application deadline and class</u></b>	
<b>Fall Semester:</b> June 1 Day class 1:00 p.m. – 4:00 p.m. Clinicals 7:00 a.m. – 3:00 p.m.	<b>Fall Semester:</b> June 1 Night class 5:00 p.m. – 8:00 p.m. Clinicals 3:00 p.m. – 11:00 p.m.

Please read and initial each of the following statements:

- I have verified my admissions file is complete and I have been accepted to Gwinnett Technical College.
- 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 I must have the minimum Accuplacer score required for a Certificate program.
- I understand I must attend the mandatory meeting to secure a seat in the program.
- I understand that meeting the minimum requirements does not guarantee selection to the Central Sterile Supply & Endoscopy Processing Certificate program, as there are a limited number of seats available in the occupational and clinical courses.

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](mailto:LRichardson@gwinnettech.edu), 678-226-6691, Building A/100, Office 515.A.

**Central Sterile Supply & Endoscopy  
Processing Certificate**  
**\*To be completed by Applicant\***

<b>Program Courses</b>	<b>Letter Grade Earned or IP (in progress)</b>	<b>Semester Completed</b>
<p style="text-align: center;">The class stated below is no longer considered a prerequisite and is not required to be completed before applying to the program. The class stated below can be completed during the program.</p> <p>ALHS 1090: Medical Terminology for Allied Health Sciences (2)</p>		

**Please read and initial each of the following:**

- I understand that students applying to the Central Sterile Supply & Endoscopy Processing Certificate program will be sent a confirmation email within one week after the deadline.
- I understand seats in the Day or Evening classes are first come, first serve based on completion of requirements.
- I understand that is it my responsibility to return this completed form to the Health Team at the email address: **HealthApp@GwinnettTech.edu**.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrollment Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For staff use only*

<b>Student is in good academic standing</b>	<b>All previous transcripts have been received</b>
<b>Student has an active Admissions file</b>	<b>Student does not have a TRANSCRIPT WAIVER on file.</b>
<b>Student is diploma level proficient in Accuplacer</b>	<b>Student's Driver's License and/or P-Card have not expired</b>

**To be completed by program specialist after mandatory meeting:**

\_\_\_\_\_ Background/Drug screening completed  
Date \_\_\_\_\_

\_\_\_\_\_ Immunizations completed  
Date \_\_\_\_\_

\_\_\_\_\_ Released for registration  
Date \_\_\_\_\_