



Petition into Surgical Technology

PETITION PERIOD: February 1-5, 2021 for Fall 2021

SURGICAL TECHNOLOGY PETITIONING REQUIREMENTS

In order to be eligible to petition the program for entry, you **must** apply to the college, meet all program-specific eligibility requirements, and attend a health sciences petition meeting specific to the program you plan to petition.

Required Courses – completed with a grade of “C” or better

- General A&P (806-177)
- Medical Terminology (501-101)
- Written Communication (801-195) OR English Composition 1 (801-136)

Admissions Testing: TEAS for Allied Health Students – Information regarding the TEAS for Allied Health Students test scheduling and administration is found at [BTC's Admission Testing Page](#). A transcript/copy of your TEAS results must be included with the submission of your petition packet. If multiple attempts have been made, you may submit your highest test score.

PETITION PROCESS

After meeting the minimum requirements, you are now eligible to petition. It is your responsibility to submit a completed petition packet and all required petitioning documents during the designated petition period in order to be considered for entry into the clinical program.

As program entry is granted to only a designated number of students, the petition packets are awarded points. Note: There are additional factors (i.e. previous, related work experience) that may be considered and awarded extra points for competitive entry – these are outlined below. More information will be available at the required petition information meetings. *Please note: Continuous enrollment is not required in order to maintain a current application.*



SURGICAL TECHNOLOGY PETITION APPLICATION

Only students who have **completed the application process** and **meet all program-ready requirements** are eligible to petition. Petition forms and work experience forms **must be submitted/received no later than 4:00 p.m. on the last petition day**. Information regarding submitting the petition packet is included at the end of this document.

Read, complete all sections, and submit all required documents. **Failure to do so will result in an invalid petition.**

STUDENT INFORMATION

Student Name	BTC Student ID Number	Date of Surgical Technology Petition Meeting Attended

Please read and initial the following statements:

- I have verified that Blackhawk Technical College (BTC) has my current mailing address on file.
- In the case of a tie, the "Date of Pre-Clinical Admission" as a date-stamped by BTC Admissions will be the deciding factor.
- If I am selected and choose not to begin the core clinical courses, I must petition again.
- If I am selected as an "alternate" I may be contacted as late as one month prior to the start of the core courses. If I choose not to begin the core clinical courses, I must petition again.
- I understand a background check and possible drug screen will be conducted and the results may prevent my placement at a clinical site and interfere with my ability to complete the program.
- I understand that program requirements for future petition periods may have different selection criteria and I must meet those new requirements if I am not selected in this current petition period or thereafter.
- I understand that a petition meeting must be attended every year that I petition. Failure to attend a petition meeting every year before petitioning will result in my application being considered incomplete and void.
- I understand that while I may take the required, program-specific test (i.e. TEAS, TEAS-Allied Health) as many times as I choose, I may submit the highest score I received for consideration.
- I understand that I must attach a copy of the TEAS test score transcript.
- I understand my BTC transcripts on file will be used to verify my petition information.
- I understand that transcripts from other colleges cannot be considered unless submitted to BTC under the Credit for Prior Learning process. Any relevant transfer coursework **must** be documented on the BTC transcript at the time of submission to be considered valid.
- I understand that an incomplete petition will be considered invalid.

Student Signature	Date



I. COLLEGE COURSEWORK (____/120 points)

For each course, indicate where the course was completed and points based on what grade was achieved. Award the following points per grade achieved: A = 10 points, AB (A-/B+) = 8 points, B = 5 points, BC (B-/C+) = 3 points, C = 0 points, P (Pass in Pass/Fail Courses) = 0 points. **Note: The Credit for Prior Learning process must be complete in order for courses taken at other institutions to be considered for petitioning.**

Required Pre-Requisite Courses – these courses must be completed in order to petition:

Course	Location	Awarded Points
General A&P*		
Medical Terminology		
Written Communication OR English Composition 1		

Additional Points for Additional Courses – these courses are not required for petitioning:

Course	Location	Awarded Points
Microbiology*		
Advanced A&P*		
Speech		
Intro to Psychology		
Intro to Sociology OR Intro to Diversity Studies		

* Points are doubled for science and math courses.

II. PROGRAM ADMISSION TESTING (____/75 points)

Test Score: _____

Award the following points for your TEAS-Allied Health score: 0-59 = 0 points, 60-64 = 15 points, 65-69 = 30 points, 70-74 = 45 points, 75-79 = 60 points, 80-100 = 75 points.

Note: A transcript/copy of your test results must be included with the submission of your petition packet. If multiple attempts have been made, you may submit your highest test score.

III. WORK EXPERIENCE (____/40 points)

Indicate if you have any related work experience within the last five years. Include a completed **Verification of Occupational Experience Form (top portion only)** (located at the end of this packet) when submitting your packet. Only the final candidates will be audited.

Position Title/Location	Type of Position	Time in Position
	<input type="checkbox"/> No customer/patient interaction (0 points) <input type="checkbox"/> Customer care/service (10 points) <input type="checkbox"/> Direct patient care (20 points)	<input type="checkbox"/> 0-1 year (5 points) <input type="checkbox"/> 1-5 years (10 points) <input type="checkbox"/> 5+ years (20 points)



VI. BTC DISTRICT RESIDENT (____/10 points)

If you are a resident of the Blackhawk District (live in Rock or Green Counties in Wisconsin), you will receive 10 points. If not, you will receive 0 points. District residence is verified by BTC by the address on file but is not a requirement.

FOR OFFICE USE ONLY Final Ranking Process	Surgical Technology Petition Meeting Attended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	College Coursework	____/120 points
	Program Admission Testing	____/75 points
	Work Experience	____/40 points
	BTC District Resident	____/10 points
	Total Points	____/245 points

SUBMITTING THE PETITION PACKET

Once completed, petition packets must be submitted:

- Dropped-off at the Health Sciences Reception Desk (Room 2304 or Room 1200) at Central Campus
- Mailed (and received by deadline) via US mail to: Blackhawk Technical College, Attention: Health Sciences (Room 2304), 6004 S County Rd G, Janesville, WI 53547-5009
- Faxed to (608) 743-4578

Students will be notified by US mail within two months of the petition deadline regarding the status of their petition packet. Letters will be sent to the address on record in the college computer system.



Verification of Occupational Experience

Surgical Technology

Please carefully read the following instructions: The top half is to be completed by the applicant only and then returned with the petition form. If the applicant is selected, then the bottom half may be completed by the employer and returned to the address listed.

The Surgical Technology Program requires that all relevant work experience pertaining to the program application be verified. The Surgical Technology Program will consider pertinent, verifiable volunteer work to meet this criterion.

TO BE COMPLETED BY SURGICAL TECHNOLOGY APPLICANT:

Surgical Technology Applicant Name		BTC Student ID Number	
Street Address	City	State	Zip Code
Business Name		Position Held	
Street Address	City	State	Zip Code
Contact Person		Phone Number (with Area Code)	
Employment Began (MM/DD/YYYY)	Employment Status:		If part-time, list average weekly hours:
Last Day Employed (MM/DD/YYYY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Total Hours:

I authorize my employer/former employer to release the following information to Blackhawk Technical College:

Applicant Signature	Date
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After petition review, if the applicant is selected, this form will be sent to the applicant's employer for verification of employment. Employers should complete the section below and return the form for review:

TO BE COMPLETED BY EMPLOYER:

The above named person was employed as a(n) _____ for the period(s) and hours listed above.
job title/classification

I would classify this position as (please check one):

- No patient/customer interaction Customer care/service Direct patient care

Employer Signature	Employer Title	Date
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Please return the completed form to: Blackhawk Technical College, Attention: Health Sciences – Surgical Technology (Room 2304), 6004 S County Rd G, PO Box 5009, Janesville, WI 53547-5009, Fax: (608) 743-4578.