

PSBHO Readiness Form

Surgical Technology Program

I have taken the Ivy Tech Assessment and completed all recommended skills advancement courses as indicated on the assessment. It is recommended but not required that I complete the following course with a grade of a "C" or better.

*Attended Mandatory Surgical Technology Information Session: Yes _____ No _____ Date: _____

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|-------------|-----------------------------|-------|--------------|---------------------------------------|-------|
| 1. IVYT 1XX | Life Skills Elective | _____ | 7. SURG 203 | Pharmacology | _____ |
| 2. ANPY 101 | Anatomy and Physiology I | _____ | 8. ANPY 102 | Anatomy and Physiology II | _____ |
| 3. ENGL 111 | English Composition | _____ | 9. HLHS 105 | Medical Law & Ethics | _____ |
| 4. HLHS 101 | Medical Terminology | _____ | 10. COMM 101 | Speech (or) #12 | _____ |
| 5. MATH 123 | Quantitative Reasoning | _____ | COMM 102 | Intro to Interpersonal Communications | _____ |
| | Elective | _____ | 11. BIOL 211 | General Microbiology | _____ |
| 6. PSYC 101 | Intro to Psychology (or) #7 | _____ | | | |
| SOCI 111 | Intro to Sociology | _____ | | | |

The PSB test must be taken for admittance to the fall program. The test results are good for **only one year**. *Taking the test does not guarantee admittance into the Surgical Technology Program.*

I plan to take the Surgical Tech PSBHO examination on _____ at _____ in

room _____. I am _____ am not _____ (check one) a current student at Ivy Tech

Community College.

My payment of \$40.00 is attached.

Printed Name

Banner Student C0 Number

Address

City, State. Zip

Student's Signature

Phone Number

Because of limited seating you will need to reserve your examination date by contacting the **Ivy Tech Testing Services at 429-9852**. Please take this reservation form to the Business Office to pay the \$40.00 examination fee.

* No test will be given unless fees are paid prior to testing.

* You **must** bring **your receipt** and a **PHOTO ID** to the examination.