

Student Name _____ Student ID _____ Advisor _____ 2015-16

ARKANSAS STATE UNIVERSITY-NEWPORT
TECHNICAL CERTIFICATE
Surgical Technology

A. Possible Prerequisites: None required

B. General Education Core: None required

C. Major Technical Discipline (40 credit hours)

Courses (underline or circle selections where applicable)

| Course # | Course Title | Hours | Semester | Grade | Transfer (Univ. / year) |
|----------|--|-------|----------|-------|-------------------------|
| SUR 1001 | Basic Operating Room Techniques Lab | _____ | _____ | _____ | _____ |
| SUR 1003 | Basic Operating Room Techniques | _____ | _____ | _____ | _____ |
| SUR 1005 | Wound Care | _____ | _____ | _____ | _____ |
| SUR 1202 | Clinical Practicum I | _____ | _____ | _____ | _____ |
| SUR 1303 | Medical Terminology | _____ | _____ | _____ | _____ |
| SUR 2002 | Perioperative Practice | _____ | _____ | _____ | _____ |
| SUR 2003 | Advanced Operating Room Techniques Lab | _____ | _____ | _____ | _____ |
| SUR 2005 | Advanced Operating Room Techniques | _____ | _____ | _____ | _____ |
| SUR 2204 | Clinical Practicum II | _____ | _____ | _____ | _____ |
| SUR 2302 | Pharmacology for Surgical Technology | _____ | _____ | _____ | _____ |
| SUR 2518 | Clinical Practicum III | _____ | _____ | _____ | _____ |
| SUR 2702 | Seminar | _____ | _____ | _____ | _____ |

D. Directed Electives: None required

Total credit hours: _____

Minimum Required Credit Hours (40)

Student's Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Date Certificate Completed: _____