

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_ 2017-18

**ARKANSAS STATE UNIVERSITY-NEWPORT**  
**TECHNICAL CERTIFICATE**  
**Surgical Technology**

**A. Possible Prerequisites:** None required

**B. General Education Core:** None required

**A. Major Technical Discipline: (40 credit hours)**

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	_____	_____	_____	_____

**Total credit hours:** \_\_\_\_\_

**Minimum Required Credit Hours (40)**

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date Certificate Completed: \_\_\_\_\_