



ATTESTATION OF EXPERIENCE IN THE HEALTH CARE SETTING

(To be completed by employer)

Employee Name: _____

The individual listed above is interested in the Surgical Technology Program at TCC. All potential students are interviewed and receive varying credit points. Experience in the Surgery Department or experience in another patient facing health care area in the last 5 years may provide extra points in the interview process.

By signing below, you: (check the box that applies)

The person above has a minimum of 1-year OR experience as a Nurse Tech, Anesthesia Tech, or RN.

The person above has a minimum of 1-year experience in a patient facing health care environment other than the OR.

Please list other health care experience _____

EMPLOYER INFORMATION:

Print full name

Title

Signature

Facility name/contact information

(Potential students must bring this form to the scheduled interview for credit)