



Janet Milligan RN, CNOR
 Surgical Technology Program Manager/Instructor
 315 Falls Avenue HSHS Building # 135
 Twin Falls, Idaho 83301

Application for Admission Surgical Technology program

Name: _____

CSI Student Id Number: (required or SSN#) _____

Home Address: _____ City _____ State _____

Email address: _____

Home Phone (____) _____ Cell phone (____) _____

EDUCATION
 Transcripts will be attached to your portfolio

Name of school	Location of school	From Month/Year	To Month/Year	Diploma? Degree? Or Certificate	What was your Major?

Professional Licenses Or certification	Type	issued by (state or agency)	number	date

PREVIOUS WORK EXPERIENCE

Most recent employer	address	From Month/Year	Supervisor's name	Phone number	Nature of your duties

Emergency Contact Information

Please provide contact information for two persons who will always know how to contact you. This information is important in case of an emergency and for finding you if I need follow up information after you leave the program.

Name	Relationship	Address	Phone Number
1.			
2.			