



Northwest Technical Institute

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“Changing lives through education, training, and skill development.”

Sterile Processing Technician Application

Amy Meadors
479-751-8824 ext. 116
Allied Health Coordinator
ameadors@nwti.edu

709 S. Old Missouri Road
Springdale, AR 72764
Phone: 479-751-8824 Ext. 116
www.nwti.edu
Revised 8/28/2023



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STERILE PROCESSING TECHNICIAN PROGRAM
PROGRAM HISTORY

Sterile Processing Technicians (SPT) play a critical role in keeping patients healthy by ensuring medical instrumentation and equipment is sterile. Their work helps patients avoid infections while receiving treatment. They also maintain the functionality and inventory of healthcare and surgical equipment.

The SPT can work in a sterile processing department and central service department in a variety of healthcare facilities, including hospitals, dental or eye care practices, plastic surgery offices, surgery centers and laboratories. You will contribute to a team of sterile processing technicians who are all working together to maintain sterilization and storage.

PART-TIME SCHEDULE

The program is offered every semester. Theory classes are held Tuesday, Wednesday, and Thursday from 5:30 pm to 8:30 pm, for 14 weeks

EMPLOYMENT

Full-time employment is possible given the program is offered part-time in the evening.

FINANCIAL AID

Financial aid is not available.

SELECTION PROCESS FOR THE STERILE PROCESSING TECHNICIAN

Students should submit an application and supply one reference.

ADVANCED PLACEMENT

This is a good introductory program for the Surgical Technology Program.

BACKGROUND CHECK AND DRUG SCREEN

Background checks and a drug screen are required.

Questions about this program can be answered Monday through Friday 7:30 am - 4:00 pm by calling 479-751-8824 ext. 116.



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STERILE PROCESSING TECHNICIAN PROGRAM CHECKLIST

Thank you for inquiring about Northwest Technical Institute's **Sterile Processing Technician Program**. This is a 3-month program that begins in September and ends in December. There are **no prerequisite classes**.

FILE COMPLETION

To be considered for this program, you must have a complete file.

Surgical Sterilization Application Packet and DD-214, if applicable **Application Fee \$10.00 must be paid when application is turned in.**

NEXT-GENERATION ACCUPLACER test (\$5.00) you must score a minimum 224 for **Reading Comprehension.**

High School Transcript or GED needs to be **OFFICIAL** transcripts. (An "Official Transcript" means it has the embossed school seal imprint and sealed in an envelope and **sent directly** to the NWTI Admissions Office. You will be responsible for any fees involved.

Immunization Records includes Two (2) Measles & Rubella (MMR) is required, if born on or after January 1, 1957. 1 **Negative TB skin test** or a chest x-ray (allow three working days to complete this test). **DTAP:** Must be within the last 10 years and cover the entire program.

*Flu

*COVID Vaccine.

If you have ever tested positive or recently test positive for TB, you must have a chest X-ray showing no active disease before class starts.

CPR Certification-American Heart Association-BLS for Healthcare Workers

One Reference Work or Personal is needed.

ATTN: All paperwork must be turned in all at once. One reference and transcripts must be turned in with the application.



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Curriculum The following courses must be completed satisfactorily to receive a certificate in our Sterile Processing Technician Program:

Course Number	Course Name	Clock Hours	Credit Hours
SPT 1003	Intro and Role of SPS	36	2
SPT 1004	Infection Prevention	54	3
SPT 1113	Instrumentation and Sterilization	46	2
	Total Hours	126	7

Total Hours 126
Total Theory Hours-90
Total Lab Hours-36

Suggested Schedule

	<u>Semester Schedule</u>
SPT1003	Intro and Role of SPS
SPT1004	Infection Prevention
SPT1113	Instrumentation and Sterilization



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Sterile Processing Technician Program
2021-2022 Anticipated Expenses

Semester	Paid to NWTI
Tuition (paid through NWTI adult Education)	462.00
Institute Fees (Admin, Student Support, Facilities, and Tech Fees)	200.00
Program Fees (Lab and insurance)	280.00
Book (ISBN # 978-1-4951-8904-3) Central Service Technical Manual 8 th edition (ISBN 149518058) Central Service Technical Workbook 8 th edition	184.00
Other Student Expenses not paid to NWTI	
Drug Screen	60.00
CPR	85.00
Certification Fee (student does after working 300 hours)	135.00
Total For Semester	
Program Total	\$1,406

Please keep in mind when making your financial plans: Travel expenses to/from school and clinical sites, child care, and other expenses.

***The above expenses are estimates and are subject to change without notice.**

**STERILE PROCESSING TECHNICIAN APPLICATION FOR ENROLLMENT
BACKGROUND CHECK INFORMATION**

All applicants and new students are advised and must sign acknowledgements that successful completion of the Sterile Processing Technician program at Northwest Technical Institute does not guarantee employment at area healthcare facilities. If you have been convicted of any crime in the last three (3) years, you will not be eligible for employment at most area healthcare facilities. Students are advised to acknowledge all past crimes, including those that have been sealed or expunged as these may appear on their background checks that will be done prior to employment at area healthcare facilities.

Please answer the following questions.

- Do you have prior experience in any branch of the armed forces?
YES NO

If so, please attach a copy of your DD 214.

- Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?
YES NO
- Have you ever had a license, certificate or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?
YES NO
- Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a Sterile Processing Technician?
YES NO
- In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation?
YES NO

If you answered yes to any of the above questions, please give a detailed explanation to each yes answer.

Please select one or more of the following, as applicable: *Additional Information (used for research purposes and federal and state reporting requirements, not for admission consideration.)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Are you a veteran Yes No

Are you Hispanic or Latino Yes No Are you a citizen of the U.S. Yes No If no, country or origin _____

Marital Status: Married Single Divorced Separated Widowed

Applicant's Signature _____ Date _____

Your signature indicates that you have been apprised of background requirements for area healthcare facilities.



Waiver of Liability Relating to Coronavirus/COVID-19

In addition to the required vaccinations published in the Sterile Processing Technician Student Handbook, clinical agencies are beginning to require COVID-19 vaccination for onboarding. **Please note that refusal to comply with all of the vaccination requirements may limit site placement and could impede progression through your program of study."**

Northwest Technical Institute Sterile Processing Technician Program cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 or its variants, while attending the program even after vaccination.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my family in order to attend the NWTI SPT Program. I hereby **RELEASE and FOREVER DISCHARGE**, Northwest Technical Institute its officers, employees, or agents of all of its' divisions, insurers and the Board of Trustees of NWTI and NWTI Foundations, from all claims, actions, causes of action, suits, debts, sums of money (including but limited to principal, interest, attorney's fees and costs), controversies', damages, and demands of any nature whatsoever, in law or in equity, that I ever had, now has, or which any of my predecessors, successors, estate, potential heirs or assigns have, shall have or may have, against the Released Parties from the beginning of time to the present, whether now accrued or hereafter accruing, whether now known or unknown, that are in any way related to, or that arise out of my exposure to COVID-19 virus that may occur due to my participation in the NWTI SPT Program.

VACCINATION REQUIREMENTS: I have read and understand and agree that refusing vaccination for Covid-19 or any of the recommended boosters, or any other vaccination requirements may limit placement in clinical rotations and could impede progression in the program or delay graduation.

WAIVER OF LAWSUIT/LIABILITY: CHOICE OF LAW: I understand and agree that the law of the State of Arkansas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASER AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Printed Name: _____
Date: _____

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/____

Present Address _____

City _____ State _____ Zip Code _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip Code _____

How Long at Former Address? _____

Please List all states and counties of residence since turning age 18:

Driver's License Number _____ State of License _____

Signature of Applicant _____ DATE _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.

Sterile Processing Technician Program Duties Acknowledgement Form

Duties and Responsibilities:

A SPT is a healthcare professional who is primarily responsible for everything in the workroom, sterile processing and making sure policies and procedures are followed to ensure proper sterilization of surgical instrumentation

- Cleans each item according to the manufacturers instruction
- Inspects instruments under microscope for damage and defects; lubricates items as required
- Determines that each item is in good working condition
- Sorts and arranges items in proper trays according to established policy and procedure
- Correctly operates sterilizers, ultrasonic washer and other equipment for processing items
- Performs required biological monitoring test on all sterilizers according to established policy and procedure
- Checks for outdated items and package integrity of wrapped sterilized items; replaces items as necessary
- Maintains adequate inventory of supplies for the sterile processing area

Special Qualifications:

In addition to minimum requirements regarding reading, language and math skills, the student must, unassisted:

1. Demonstrate understanding of sterilization principles required
2. Constant and frequent judgement and response required
3. Using the English language skills to communicate effectively with staff

Psychomotor Qualifications:

1. Vision – Normal, corrected. Demonstrate sufficient ability to assemble like instruments together
2. Hearing – Normal corrected or aid able. Hear and understand muffled communication without visualization of the communicator’s mouth/lips within 20 feet
3. Smell – Able to detect odors sufficient to maintain environmental safety and patient needs
4. Touch – Normal tactile sensitivity. Manipulate instruments, supplies and equipment with speed, dexterity and good eye-hand coordination

Physical Demand:

1. While performing the duties of this job the employee is frequently required to sit, converse, and listen; use hands to touch, handle, or feel objects, tools or controls; and to reach with hands and arms. Specific vision abilities required by this job include close vision and the ability to adjust focus
2. The employee must be able to lift and/or carry over 20 pounds on a regular basis and be able to push/pull over 25 pounds on a regular basic
3. The employee must be able to stand and/or walk at least 5 hours per day

Communication Qualifications:

1. The ability to interact and verbally communicate with others
2. Ability to communicate and understand fluent English, both verbally and in writing

I have read the above and feel that it is within my ability to carry out the duties, responsibilities and qualifications of a Sterile Processing Technician (SPT). **I do _____ do not _____** (check one) have any problems meeting the above technical requirements. In the event that I am selected for the ST program, I understand that it will be necessary for me to demonstrate the technical requirements during my clinical training. I understand that any misrepresentation or falsification of information is cause for denial of admission. Upon discovery of falsification of stated ability, a student that has been admitted to the program may not be able to continue.

Signature of Applicant

Date

STERILE PROCESSING TECHNICIAN APPLICATION FOR ENROLLMENT

EMPLOYMENT HISTORY: List most recent first. If you do not have an employment history, please indicate in the space provided below.

EMPLOYER	MAILING ADDRESS	JOB	DATES FROM TO

PERSONAL REFERENCES: Other than relatives

NAME/RELATIONSHIP	PHONE

Employment Reference Letter: You will need one (1). Complete the top portion of each form and sign it. Leave the signed forms with your current or previous employers. The letter is to be completed by the employer and sent directly to NWTI. *Employment reference letter submitted from the applicant will not be accepted.* One personal reference should be submitted if you do not have professional reference.

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.

 APPLICANT'S SIGNATURE

 DATE

NORTHWEST TECHNICAL INSTITUTE
 STERILE PROCESSING TECHNICIAN
 709 S. Old Missouri Road

SPRINGDALE, AR 72764
Phone: (479) 751-8824 Ext. 116

EMPLOYMENT REFERENCE LETTER

Employment reference letters submitted to NWTI directly from the applicant will not be accepted.

Employment Reference Letter should be completed and mailed by the employer and sent directly to NWTI no later than. *Employment reference letter submitted to NWTI directly from the applicant will not be accepted!*

PART I – TO BE COMPLETED BY SPT APPLICANT. ONCE COMPLETED, SEND TO EMPLOYER.

Employer Name and Address, _____
& Phone Number: _____

Applicant's Name: _____

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Sterile Processing Technician Program.

Applicant's Signature _____ Date _____

PART II–FOR EMPLOYER. PLEASE COMPLETE AND MAIL TO NWTI.

The above person has applied for admission to our Sterile Processing Technician Program and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of a surgical technologist? All information will be kept confidential. Thank you for your assistance.

Employment Dates: _____ Would you rehire this applicant? _____

Job Responsibilities: _____

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

Please give us any further information that you might have about this individual that will help us to decide upon his/her suitability for the Sterile Processing Technician (SPT) Program.

Signature/Title _____ Date _____