VIRGINIA WESTERN COMMUNITY COLLEGE DEPARTMENT OF SURGICAL TECHNOLOGY

SURGICAL TECHNOLOGY FORM

As part of the application process at VWCC for the Surgical Technology Program, we are requiring that every applicant submit this completed form verifying at least four hours of observation of a surgical procedure by the application deadline of **June 1, 2026**. This observation requirement is designed to familiarize the applicants with the surgical environment and surgical procedures. The completed form is **due on or before June 1, 2026**. It may be sent with the Surgical Technology application or it may be sent separately, but on or before June 1. This observation is a requirement of each applicant, **each admission cycle**, regardless of prior submissions.

Name of Surgical Technology Applicant Observer (Applicant):

G		(Please print)	
pplicant Student ID (assigned at time of application to one of the VCCS):			
ame and Offi	ice Address of Surgical Center (Please print)		
Date	Surgical Procedure(s) Observed	Practitioner	Number of Hours
nature of Sur	gical Technologist or Nurse	Date	
nted name of	Surgical Technologist or Nurse		
ank you for a	ssisting the applicant in preparing for his/her chose	en career.	

Applicant to program: Please submit observation form on or by the application deadline of **June 1, 2026**. If you need assistance in beginning the application process to apply for an observation experience, please see the FAQ on the Surgical Technology website for directions.