



Sterile Processing Program

Restricted Enrollment Application 2026-2027

The Sterile Processing Program requires a Restricted Enrollment Program Change form. To begin this program, you must complete the following with an academic advisor.

Please Print:

Student Name: _____
Last _____ First _____ Middle Initial _____

Student Number: _____ or Social Security Number (last four digits) _____

Month and Day of Birth: _____ / _____

Email: _____

SURG 101 is offered in the Spring and Fall terms. During the Fall term, SURG 101 and SURG 110 are offered in seven-week back-to-back sessions. To register for SURG 110 in the second seven weeks, it is essential to have the following in place:

SURG 101 or equivalent with a grade of 3.0 or higher.

Student:

has successfully completed or registered for SURG 101 (3.0/C or higher) or \Rightarrow at _____ with a grade of _____

has successfully completed _____

BIOL 101 or equivalent with a 2.0/C or higher.

Student:

has successfully completed or registered for BIOL 101 (2.0/C or higher) or \Rightarrow at _____ with a grade of _____

has successfully completed _____

HIT 100, HIT 104 or equivalent with a grade of 3.0/B or higher.

Student:

has successfully completed or registered for HIT 100/HIT 104 (3.0/B or higher) or \Rightarrow at _____ with a grade of _____

has successfully completed _____

Student has been informed of Criminal History, Medical Clearance, Immunization, Basic Life Support and GPA requirements for registration for SURG 110 in the second seven weeks. (see below for details)

Student has been informed

NOTE: Prior to SURG 110 registration for the second seven-week session, it will be necessary to complete the following and a request for a registration permit. The request for a permit form may be obtained from the Health Professions Office. It can also be found at the end of this Application. Prerequisites and Co-requisites are enforced.

- Criminal History Check Clearance.** **Generally, convictions or pleas of guilt to a felony may prevent you from clinical affiliation assignment and/or employment in healthcare.**
- Medical Clearance / Drug Screen** Physical and test expires after 12 months. Drug screens may need to be repeated throughout the program as required by clinical agencies. Marijuana use is prohibited.
- Maintain a cumulative grade point average at Schoolcraft College of 2.5 or higher.**
- Required Immunizations**
 - Two **MMR** vaccinations (Measles, Mumps, Rubella) – one as a child – one as an adult or Titer showing immunity for ALL the above.
 - **Hepatitis B** vaccination or Titer – (series must be started prior to clinical and completed according to recommended schedule) or a signed Vaccination Declination Form.
 - **Flu Shot** – must have annual vaccination.
 - **Tetanus/Diphtheria/Pertussis (TDAP)** – must have received a TDAP within the past 7 years.
 - **Two-step TB Test** – TB test expires after 12 months. The student's TB test cannot expire before the end of class and/or when clinical will be completed.
 - **Chicken Pox** – 2 Varicella vaccinations given 1 month apart and/or a laboratory Titer verifying immunity.
NOTE: we are no longer accepting history of chicken pox as evidence of immunity.
 - **Covid-19** Vaccination or other vaccinations as required by federal, state, or clinical agency guidelines.
NOTE: Subject to permitted clinical site medical/religious exemptions.
- Basic Life Support** course for Professional Healthcare Providers. Students need to complete a course that includes an in-person demonstration of the performance skills. 100% online courses are not accepted. *This certification must be renewed annually.*

Academic Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Return to:
Schoolcraft College
Office of Health Professions
healthprofessions@schoolcraft.edu
and mnowicki@schoolcraft.edu
734-462-4770



**Schoolcraft
College**

Restricted Enrollment Program Change Form

Please Print:

Student Name: _____
Last _____ First _____ Middle Initial _____

Student Number: _____ or Social Security Number (last four digits) _____

Month and Day of Birth _____ / _____

Current Academic Program Name: _____

Current Academic Program Number: _____

New Academic Program Name: Sterile Processing Skills Certificate

New Academic Program Number: CRT.00285

Semester to Take Effect:

Summer _____
(year) _____

Fall _____
(year) _____

Winter _____
(year) _____

Spring _____
(year) _____

☒ Academic Advisor Signature: _____ Date: _____

☒ Student Signature: _____ Date: _____

Return to:
Schoolcraft College Records
Phone: 734-462-4677
Email: screcord@schoolcraft.edu and mnowicki@schoolcraft.edu

SURG 110 Sterile Processing Clinical I – Permit Request

Eligibility for SURG 110 *Sterile Processing Clinical I* registration requires issuance of an electronic permit by the Health Professions Office. To request a permit email healthprofessions@schoolcraft.edu or call 734-462-4770.

Sterile Processing program Application Student has been accepted into the Sterile Processing Program

Section I: Demographics - To be completed by student

Name	Last (Family Name)	First	Middle	Former (If Applicable)			
Address	Number	Street	Apt.	City	State	Zip + 4 Digit Code	
Day Phone	()			Evening Phone	()		
Email				Birth Date			
Student Number				Social Security Number	Month / year		
					Last 4 Digits		

Section II: Course Requirements - To be completed with Health Professions Office

SURG 101 or equivalent with a grade of 3.0 or higher.

Student:

has successfully completed has successfully completed _____
SURG 101 (3.0/C or higher) or ⇒ at _____ with a grade of _____

BIOL 101 or equivalent with a 2.0/C or higher.

Student:

has successfully completed or is enrolled in has successfully completed _____
BIOL 101 (2.0/C or higher) or ⇒ at _____ with a grade of _____

HIT 100, HIT 104 or equivalent with a grade of 3.0/B or higher.

Student:

has successfully completed or is enrolled in has successfully completed _____
HIT 100/HIT 104 (3.0/B or higher) or ⇒ at _____ with a grade of _____

☒ Program Directors Signature: _____ Date: _____

☒ Signature of Applicant: _____ Date: _____

Section III: Obtain SURG 110 Permit - To be completed with Health Professions Office

Contact the Health Professions Office:

healthprofessions@schoolcraft.edu

734-462-4770

- DATE RECEIVED: _____