

## SURGICAL TECHNOLOGIST APPRENTICESHIP PROGRAM

### Program Application-Internal

**ALLIED HEALTH  
EDUCATION AND  
CAREER PATHWAYS**

## 1 Applicant Information

**Full Name:** \_\_\_\_\_ **UW Health Employee ID:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_ **How long in this position** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(Note:** If you are selected to participate in the program, you will need to be here for the FULL duration of the program 3-years). You will follow UW Health policies and Madison College policies. You will spend your time between these locations: UWH and or, EMH or AFCH, 610 N. Whitney Way, Goodman South Campus and Truax Campus.

### Madison College Course Requirements

Semester	Course	Credits	Length
<b>Subject to change but all required</b>	Medical Terminology	3	16 weeks
	General Anatomy & Physiology	4	16 weeks
	Introduction to Surgical Technology	4	16 weeks
	Surgical Technology Fundamentals 1	4	16 weeks
	Exploring Surgical Issues	2	16 weeks
	Microbiology – University Medical	4	12 weeks
	Surgical Technology Fundamentals 2	4	16 weeks
	Surgical Pharmacology	2	16 weeks
	Surgical Skills Application	2	16 weeks
	Written Communication	3	16 weeks
	Surgical Interventions 1	4	16 weeks
	Surgical Technology Clinical 1	3	8 weeks
	Surgical Technology Clinical 2	3	8 weeks
	Oral / Interpersonal Communication	3	16 weeks
	Psychology of Human Relations	3	16 weeks
	Surgical Technology Clinical 3	3	8 weeks
	Surgical Technology Clinical 3	3	8 weeks
	Surgical Interventions 2	4	16 weeks
	Contemporary American Society	3	16 weeks



**What is the highest educational level you have completed?** (Please check only **ONE**, plus required and complete information.)

- ☐ College Degree and/or Certificate

Major/Program Completed: \_\_\_\_\_

Name of University, College, or Technical School: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Month \_\_\_\_\_ Year

- ☐ Some College

Major/Program Started: \_\_\_\_\_

Name of University, College, or Technical School: \_\_\_\_\_

How much have you completed? \_\_\_\_\_ less than 1 year \_\_\_\_\_ 1-2 years \_\_\_\_\_ 2- 3 years

Last date attended: \_\_\_\_\_ month \_\_\_\_\_ Year

- ☐ Please attach resume and an unofficial college transcript if you have been in higher education before. (REQUIRED)

## 2 Program Overview

The Surgical Technologist Apprenticeship is a three-year program providing a **no cost-pathway** for current UW Health employees to pursue a degree in surgical technology while earning full-time pay and benefits. The program includes both formal classrooms learning at Madison College and the UW Health Apprenticeship Program Building, as well as on-the-job training at UW Health and other approved clinical settings. Madison College is an accredited program that works cooperatively with the Applied Measurement Professionals, Inc to administer the national board exam for Surgical Technology and Surgical Assisting. Apprentices will have access to a free Madison Metro Bus pass and must have their own plan for transportation to and from classes and clinical sites.

Additionally, they will have access to

- Academic support services at both UW Health and Madison College
- Comprehensive education and career pathway support from Madison College
- A range of other wrap around support services through UW Health (Allied Health Education and Career Pathways)
- Additional funding support for wrap around support services through the Wisconsin Department of South-Central Wisconsin

## 3 Eligibility Requirements & Program Expectations

### Eligibility Requirements

*Any UW Health employee\* who meets the following requirements is encouraged to apply:*

- Has earned a high school diploma or equivalent.
- Has passed their probationary period in current position.
- Has not been on a performance improvement plan, probation, or written discipline and none of the prior list within the last 12 months
- Have fulfilled any commitments from previous positions or programs within UW Health

### Program Expectations

*If accepted, you will be required to:*

- Sign an Employee Agreement committing to work for UW Health as a Surgical Technologist for at least 24 months after program completion or reimburse the full (\$10,000.00) or prorated cost of the program.
- Maintain a 1.0 FTE (40 work hours/week). The number of hours on the unit vs. the number of hours in the classroom will vary from semester to semester depending on courseload. Apprentices are assigned to work 40 hours/week on the unit during academic breaks).

- Maintain all UWH and Madison College eligibility requirements to participate for the duration of the program (3-Years).
- Attend all classroom and clinical sessions. Be active and engaged in class. UWH policies apply to work hours completed in the academic setting.
- Maintain a passing grade in all courses while enrolled at Madison College that meet program requirements for the Surgical Technology Program.
- Complete all homework assignments (approx. 9-12 hours/week or more per class) outside of the classroom **on your own time (unpaid)**.
- Successfully pass the CST Exam upon completion of the 3-year program.
- Sign a contract with the Department of Workforce Development (DWD) once the program starts.
- Maintain American Heart Association (AHA) Basic Life Support (BLS) Certification for Healthcare providers (CPR) and any other UW Health or Madison College competencies throughout the program.

*\*Temporary employees, employees in training, and student employees are not eligible to participate in the program.  
(Youth Apprenticeship Participants are exempt from student employment status).*

## 4 Applicant Signature

I am aware of the responsibilities, time commitments, and expectations associated with the *Surgical Technologist Apprenticeship Program*. I understand that I will be contacted through email and, if I meet the eligibility requirements, will be provided with upcoming program dates. I will work with my supervisors and/or manager to identify the day and time that work best in my schedule. I understand that the operational needs of my department may impact my eligibility to be selected to participate in the program this year.

My signature below indicates I have read and agree to *all* program expectations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

UW Health HR Service Center at (608) 263-6500 or [Ask HR regarding benefits and compensation ONLY](#)

Can send email about questions: [HRsurgicaltechnician@uwhealth.org](mailto:HRsurgicaltechnician@uwhealth.org)

**PLEASE DO NOT SEND APPLICATIONS TO EMAIL. THIS NEEDS TO BE SUBMITTED THROUGH ORACLE OR UW HEALTH CAREERS PAGE ONLY ALONG WITH ANY SUPPORTING DOCUMENTATION. APPLICATIONS WILL NOT BE PROCESSED THROUGH THIS EMAIL.**