



**Owens Community College  
School of Nursing and Health Professions  
Sterile Processing Certificate of Completion**

**COMPLETE USING LEGAL NAME**

<b>OCID #:</b>		<b>Date of Birth:</b>	
<b>NAME: LAST, FIRST, MI:</b>			
<b>MAIDEN NAME (if applicable):</b>			
<b>OTHER NAMES:</b>			
<b>ADDRSS:</b>			
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>
<b>CELL PHONE:</b>		<b>HOME PHONE:</b>	

**Provide Academic Information**

**Are you or have you ever been a student at Owens State Community College?**

Yes  No

**If yes, list semester and year of first courses taken at Owens.**

**Have you taken college level courses, graduated from a technical secondary program or have military experience for which credit may be transferred to Owens?**

Yes  No

**If yes, submit an official transcript to Records from each college, technical program or military training program. Transcripts should be received at least six weeks prior to application date.**

*\*Note: If you have been convicted of a felony you may not be able to work in all practice settings that require a criminal background check.*

**I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into the Sterile Processing Certificate of Completion.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please submit completed applications to: [lori\\_maynard@owens.edu](mailto:lori_maynard@owens.edu)

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