

# SURGICAL SERVICES

## PRIOR LEARNING ASSESSMENT FORM

**Eligibility:** Student must be admitted to the program to which the credit/clock hours will apply and have earned at least 25% of the program credit/clock hours

### Section 1 – To be completed by Student

Date: \_\_\_\_\_  
 Student ID#: \_\_\_\_\_ Student Name: \_\_\_\_\_  
 Program Objective: \_\_\_\_\_

*In some cases, the catalog year listed on this form may need to be changed to make the prior learning credit fit the best for degree audit purposes.*

Students who have earned their National Board of Surgical Technology and Surgical Assisting (NBSTSA) or equivalent credential and are graduates of a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited surgical services program will be granted 34 hours of coursework per the table below.

- Students awarded prior learning credit must complete the following general education courses (same as native Palm Beach State College students): BSC2085/with lab, BSC2086/with lab, ENC1101, Any selection from Area III (Math), HSC2531, PSY2012 or SYG2000, Any selection from Area II (Humanities), SPC1017, and MCB2010/with lab

#### The Surgical Services AS program:

NBSTSA credentials: 34 Credits  
 General Education Courses: 30 Credits  
**Total: 64 credits**

#### Courses to be Awarded for NBSTSA Credential:

Course Prefix & Number	Course Title	Cr.
STS1302	Introduction to Surgical Technology	3
STS1304C	Introduction to Surgical Techniques	3
STS1323C	Surgical Techniques and Procedures 1	3
STS1340C	Pharmacology and Anesthesia	3
HSC1434C	Central Sterile Clinical	3

Course Prefix & Number	Course Title	Cr.
STS2324C	Surgical Techniques and Procedures 2	3
STS2365	Leadership for Surgical Services	3
STS2944C	Surgical Specialties Clinical 1	5
STS2945C	Surgical Specialties Clinical 2	5
STS2955C	Capstone for Surgical Technology	3

### Section 2 – Cashier's Office

Students requesting Prior Learning credit for course work earned prior to or outside of enrollment at Palm Beach State College must pay a **\$50** processing fee.

Student has paid \$ \_\_\_\_\_ per established fee schedule. Date: \_\_\_\_\_  
 (Student - Attach copy of fee receipt)

*Cashier-Misc. Receipt Code EL - Experiential Learning Fee*

### Section 3 – Signature Approval

Program Chair \_\_\_\_\_

\_\_\_\_\_ Date

Associate Dean \_\_\_\_\_

\_\_\_\_\_ Date

Dean \_\_\_\_\_

\_\_\_\_\_ Date

### Section 4 – Registrar Posting to Transcript

Posted by: \_\_\_\_\_

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

Term Posted: \_\_\_\_\_