

STERILE PROCESSING TECHNICIAN
Certificate of Technical Studies

Student's Name:

Banner ID Number:

| Fall Semester | | | | | | | |
|----------------------------|----------------------|--|--------------------|--------------|-------------|---------------------------------------|-----------------------------|
| Course Prefix | Course Number | Course Title | Credit Hour | Grade | Term | Substitute (S) or Transfer (T) | Transfer Institution |
| SPDT | 100S | Introduction to Central Services | 4 | | | | |
| SPDT | 104S | Surgical Instruments | 4 | | | | |
| SPDT | 110S | Introduction to Sterile Processing and Distribution | 4 | | | | |
| Spring Semester | | | | | | | |
| SPDT | 200S | Sterile Processing, Distribution and Material Management | 2 | | | | |
| SPDT | 210S | Sterile Processing Practicum | 10 | | | | |
| SPDT | 221S | Central Sterile Processing Review | 3 | | | | |
| TOTAL CREDIT HOURS: | | | 27 | | | | |

Approved by:

Student's Signature

Date

Advisor's Signature

Date

Division Head's Signature

Date