



STERILE PROCESSING TECHNICIAN
Certificate of Technical Studies

Student 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