



145 Pavilion Lane, Youngwood PA 15697

**CENTRAL STERILE PROCESSING TECHNICIAN REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Class Location, Date & Time \_\_\_\_\_

The following must be enclosed with this form to be considered for the program:

- Check
- Evidence of high school diploma or GED
- PA Criminal History Report
- FBI Clearance
- PA Child Abuse
- Physical exam form
- 2-step Mantoux
- Photo ID
- Two (2) letters of reference