



SURGICAL FIRST ASSISTANT PROGRAM APPLICATION

One Stop Student Services - onestop@cw.edu - 208.562.3000
 MS 3000 - 5500 E. Opportunity Dr. - Nampa, ID 83687 - cw.edu/SFA

This application is used to apply for admission into College of Western Idaho’s (CWI) [Surgical First Assistant](#) program.

- **Spring 2026 Application Period: Sept. 1, 2025 – Jan. 2, 2026**
- Review the [Surgical First Assistant Application Steps](#) prior to completing this application.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	PREVIOUS NAME(S)	
ADDRESS		CITY	STATE	ZIP
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STUDENT ID	STUDENT EMAIL		PHONE	

CERTIFICATIONS

In the following tables, [enter information for each certification](#) you hold listing the date issued and expiration.

REQUIRED CERTIFICATIONS

NAME	DATE ISSUED	EXPIRATION
Certified Surgical Technologist (CST) Credential		
Basic Life Support (BLS)		

ADDITIONAL CERTIFICATIONS

NAME	DATE ISSUED	EXPIRATION
Tech in Surgery – Certified (TS-C)		
Certified Registered Central Service Technician		
Emergency Medical Technician (EMT)		
Orthopedic Technologist Certified (OTC)		
Paramedic		
Registered Nurse (RN)		

REQUIRED SUBMISSION MATERIALS

Please submit the following items with this application in a sealed envelope to [One Stop Student Services](#) by the deadline:

- [Copy of current certifications](#)
- [Two \(2\) professional references](#)
- [Employment verification\(s\)](#)
- [Reference letter\(s\) \(optional\)](#)
- [Unofficial transcripts](#)

See [Step 7: Apply to the Surgical First Assistant Program](#) for detailed submission instructions.

APPLICANT ACKNOWLEDGEMENT

- I certify the information provided in this application is true and correct to the best of my knowledge. I understand falsification of information is cause for denial of admission and expulsion.
- I understand illegal use, possession, and/or misuse of drugs and/or a felony conviction may prevent me from admission into the Surgical First Assistant program.
- I am requesting provisional acceptance into the Surgical First Assistant program. I understand acceptance is granted upon the condition I fulfill all program requirements according to the timeline established with the acceptance committee and program leadership.

SIGNATURE

DATE