



July 03, 2025

Dear Student,

The Kona Community Hospital Surgical Technology Program is pleased to announce the program offering to students with a completed Associates Degree in the Sciences and Arts. We invite you to complete the attached Surgical Technology Program Application in the hope that you may qualify to join our first cohort at Kona Community Hospital. Due to limited seats in the program, we request that you complete the application and pre-requisites before the given deadline of June 01, 2026 as the interview date will follow on **June 24, 2026 and June 25, 2026**.

The Surgical Technology Program applicant is subject to the following limitations and restrictions:

1. There shall be no restrictions on recipients because of race, color, sex, religion, national origin or sexual orientation.
2. Preference will be given to Kona Community Hospital employees who meet the educational qualifications of the Surgical Technology Program at the time of application.
3. Applicants must have already completed their Associates Degree in Science or Arts attaining at least a 3.0 GPA. The Associates Degree must have the mandatory pre-requisite courses (listed on page 9 of the application) completed prior to program entry.

To apply, all of the following must be postmarked no later than **Monday, June 01, 2026**.

1. A completed application. Please make sure that every question is completely answered as it pertains to your circumstances. Incomplete applications may receive a less favorable rating or may not be considered at all.
2. A resume outlining your previous experience.
3. A personal essay of up to a maximum of 500 words.
4. Two (2) letters of recommendation from persons other than relatives mailed by the writer directly to the address on the Letter of Recommendation form. The applicant should not mail these letters.
5. Official college transcripts mailed directly from the college to Stormy Armstrong at Kona Community Hospital. Unofficial transcripts or transcripts sent with the application are NOT acceptable.
6. Attendance to one of two Informational Sessions on the Surgical Technology Program on **Monday, May 04, 2026 8 am** or **Tuesday, May 05, 2026 4 pm**.

The Surgical Technology Program Committee will invite candidates who have submitted all of the required materials by the due date for a personal interview. The interviews are scheduled for June 24, 2026 and June 25, 2026.

All application materials may be hand-delivered to the Kona Community Hospital Education Department or mail to:

Kona Community Hospital
Attention: Ronda (Stormy) Armstrong
AAS, FAST
79-1019 Haukapila Street
Kealahou, HI 96750

If you have questions, please call Stormy Armstrong, CST, FAST

808.333.6771

We wish you the very best in the pursuit of your studies and in your career.

With Aloha,

Ronda (Stormy) Armstrong, CST, AAS, FAST

Surgical Technology Instructor / Director

Kona Community Hospital

79-1019 Haukapila Street

Kealahou, HI 96750

808.322.4560

Surgical Technology Program Application

PART I – PERSONAL INFORMATION

All questions as they relate to the applicant must be completed. Failure to complete all segments may result in not being considered or in a less favorable rating.

Last	First	Middle
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Permanent Mailing Address:		City	State	Zip Code
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Phone: (Home)	(Cellular)	(Work)
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Age:	Date of Birth:	Birth Place:
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Marital Status:	Single	Married	Divorced	Widowed
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Employed by:	Position:
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Own Income (Gross Annual Salary)	Savings:	Other:
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Parent, Guardian, or Spouse:	Name	Relationship
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Spouse's Gross Annual Income (Or parents if applicant is considered a dependent)
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Other sources of assistance or income (including all loans and scholarships)
--

Monthly fixed expenses:

Applicant's dependents:	Check Here if "Zero" Dependents:
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Age:	Name:	Relationship:
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Age:	Name:	Relationship:
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Age:	Name:	Relationship:
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Age:	Name:	Relationship:
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List your involvement in the following: community activities, organizations, clubs, educational achievements, awards and honors. (Attach separate sheet if needed)

PART II – PROOF OF HAWAII RESIDENCE

Hawaii Driver's License will suffice.

PART III – EDUCATION

College/University where applicant completed Associates Degree: _____

High school attended: _____ Year high school diploma was received _____

List any additional education: _____

PART IV – RESUME

Attach a resume outlining your previous experience.

PART V- ESSAY

Complete a short personal essay describing yourself, things you would like to do in your career and why you chose this profession.

PART VI – REFERENCES

Provide (2) Letters of Recommendation from persons other than relatives (mailed directly by the person providing the recommendation) to the address on the Letter of Recommendation form).

PART VII – TRANSCRIPTS

Request that official college transcripts be mailed directly to: Kona Community Hospital, Attention: Ronda (Stormy) Armstrong, CST, Education Dept., 79-1019 Haukapila Street, Kealahou, HI 96750

PART VIII – SIGNATURE AND SUBMITTAL

Sign and submit all application materials (Application, Letter of Acceptance, Resume, and Essay) **postmarked no later than Monday, June 01, 2026.**

Ensure that both Letters of Recommendation and Transcripts will be **postmarked no later than Monday, June 1, 2026.**

PART IX – INTERVIEW

Plan to be available for a personal interview with the Surgical Technology Program Committee on **June 24, 2026 and June 25, 2026.**

(The applicant will be called with a specific interview time.) Notification of selection will be within one (1) week of the interview date.

I have completed this application truthfully to the best of my ability and have completed all parts required by the Kona Community Hospital Surgical Technology Program Committee

Signature of Applicant

Date

PART X – CONSENT FOR PUBLICITY PHOTO

If selected as a Surgical Technology student of the 2026 program, I hereby consent to having my picture taken for publicity purposes for the Kona Community Hospital Surgical Technology Program.

Signature of Applicant

Date



Surgical Technology Program Application

Personal Essay

Applicant's Name: _____ Date: _____

Submit a short personal essay (of up to a maximum of 500 words) to describe yourself, things you would like to do in your career, the field of nursing you prefer, and why you chose this profession. Please submit with your application. Either handwritten or typed is acceptable.



Surgical Technology Program Application Letter or Recommendation

Applicant's Name: _____ Date: _____

Please elaborate on the applicant's personal qualities, academic abilities, achievements, reasons why the applicant is a good candidate for a career in the nursing field, and your reasons why he/she should be selected for this scholarship.

Completed by: _____ Relationship to applicant: _____

Address: _____ Phone: _____

Note: This Letter of Recommendation must be postmarked by **Monday, June 1, 2026** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to:

Kona Community Hospital
Attention: Ronda (Stormy) Armstrong, CST,
Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750



Surgical Technology Program Application Letter of Recommendation

Applicant's Name: _____ Date: _____

Please elaborate on the applicant's personal qualities, academic abilities, achievements, reasons why the applicant is a good candidate for a career in the nursing field, and your reasons why he/she should be selected for this scholarship.

Completed by: _____ Relationship to applicant: _____

Address: _____ Phone: _____

Note: This Letter of Recommendation must be postmarked by **Monday, June 1, 2026** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to:

Kona Community Hospital
Attention: Ronda (Stormy) Armstrong, CST,
Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750

Surgical Technology Program Application Pre-Requisite Courses

Applicant's Name: _____ Date: _____

In conjunction with the University of Hawaii network, all courses below have been confirmed and deemed synonymous / transferrable in credit hours amongst all campuses. These courses are mandatory pre-requisites for the Surgical Technology Program. Please contact your preferred University of Hawaii campus to discuss course completion efforts. Contact information provided below for the Hawaii Community College – Palamanui Campus.

Mandatory Associate Degree Pre-requisite Courses:

- ENG 100 – Composition I (3 Credits)
- MATH 100 or Higher – Survey of Mathematics or Higher (3 Credits)
- MICR 130/140L – Microbiology / Lab (3 Credits / 1-2 Credits)
- PHYL 141 /141L – Human Anatomy & Physiology I /Lab (3 Credits / 1 Credit)
- PHYL 142 / 142L – Human Anatomy & Physiology II / lab (3 Credits / 1 Credit)
- PSY 100 or SOC 100 – Survey of Psychology or Survey of Sociology 100 (3 Credits)
- SP 151 or SP 251 – Personal and Public Speech or Public Speaking (3 Credits)
- HLTH 125 Survey of Medical Terminology (1 CR.)

Contact Information for Student Services / Counseling Office
Hawaii Community College – Palamanui Campus

1. Kenoa Dela Cruz

noa@hawaii.edu
808-934-2658

2. Precious Atendido

pmalejo@hawaii.edu
808.969.8862



Surgical Technology Program Application Informational Session

Applicant's Name: _____ Date: _____

Please bring this form to the informational session for the Surgical Technology Program Coordinator (STPC), Ronda "Stormy" Armstrong, to initial and date confirming your attendance.

1. Informational Session – Monday, May 04, 2026 8 am or

Applicant Initials: _____ Date: _____

STPC Initials: _____ Date: _____

2. Informational Session – Tuesday, May 05, 2026 4 pm

Applicant Initials: _____ Date: _____

STPC Initials: _____ Date: _____

Program Checklist reviewed during Informational Session:

1. Current Health Physical (no greater than 3 months of application deadline of **June 1, 2026**)
2. Personal Health Insurance
3. Once accepted into the program these items will be completed in orientation: Signed Certificates and Statements (HIV/AIDS certificate, HIPAA certificate, CPR certification, and Kona Community Hospital Confidentiality Statement)
4. Surgical Technology Student Handbook Review Form (Completed in orientation)
5. Immunization Records (Turned in during orientation)
 - a. 2 Dose of MMR
 - b. 2 Dose of Varicella
 - c. 2 Dose of Hep B
 - d. Tdap (within past 10 years)
 - e. Current year Influenza Vaccine
 - f. 2 Step TB Skin Test