



**December 3, 2024**

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 1, 2025** as the interview date will follow on **June 22, 2025**

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 this application) completed prior to program entry.

To apply, all of the following must be postmarked no later than **Thursday, June 1, 2025.**

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 5, 2025 8 am** or **Tuesday , May 6, 2025 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 19, 2025**.

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

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

If you have questions, please call Stormy Armstrong, CST 808.333.6771

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

With Aloha,

**Ronda (Stormy) Armstrong, AAS, CST**  
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.

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Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
Number/Street (Or P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_ (Work) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employed by: \_\_\_\_\_ Position: \_\_\_\_\_

Own Income (Gross Annual Salary) \_\_\_\_\_ Savings: \_\_\_\_\_ Other: \_\_\_\_\_

Parent, Guardian, or Spouse: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Spouse's Gross Annual Income (Or parents if applicant is considered a dependent) \_\_\_\_\_

Other sources of assistance or income (including all loans and scholarships): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly fixed expenses: \_\_\_\_\_

Applicant's dependents: \_\_\_\_\_ Check Here if "Zero" Dependents: \_\_\_\_\_

Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List your involvement in the following: community activities, organizations, clubs, educational achievements, awards and honors. (Attach separate sheet if needed)

\_\_\_\_\_

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**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 Sunday, June 1, 2025.**

Ensure that both Letters of Recommendation and Transcripts will be **postmarked no later than Sunday, June 1, 2025**

**PART IX – INTERVIEW**

Plan to be available for a personal interview with the Surgical Technology Program Committee on **June 22, 2025** (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 2025 program, I hereby consent to having my picture taken for publicity purposes for the Kona Community Hospital Surgical Technology Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Personal Essay

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.

## 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 **Sunday, June 1, 2025** 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 **Sunday, June 1, 2025** 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

## 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](mailto:noa@hawaii.edu)  
808-934-2658
2. Precious Atendido  
[pmalejo@hawaii.edu](mailto:pmalejo@hawaii.edu)  
(808) 969-8822



## 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 5<sup>th</sup>, 2025: 8 Am

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

STPC Initials: \_\_\_\_\_ Date: \_\_\_\_\_

2. Informational Session – Tuesday May 6<sup>th</sup>, 2025: 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, 2025**).
2. Personal Health Insurance
3. Signed Certificates and Statements (HIV/AIDS certificate, HIPAA certificate, CPR certification, and Kona Community Hospital Confidentiality Statement)
4. Surgical Technology Student Handbook Review Form
5. Immunization Records
  - 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
  - g. Covid 19- Immunization – two injections separated by 21 days