

# Hospital/Surgery Center Survey for Statistical Analysis

Name: Hospital \_\_\_\_ or OP Surgery Center \_\_\_\_ (Be sure it is accurate): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Person/Title Contacted: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Question	Answers
1. How many Operating rooms?	Inpatient _____ Outpatient _____ OB/LD _____
2. How many surgical technologists/operating room technicians do you employ?	# Employed _____ or # Positions _____
3. How many of your surgical technologists are certified?	# Certified _____ ( # CST _____ # ST-C _____ ) # Other _____ What? _____
4. Does your job description require certification for Hiring purposes? If not, is certification identified as preferred?	Certification Required: Yes _____ No _____ Certification Preferred: Yes _____ No _____ Not included in job description: _____
5. Do you designate the certification that you accept or require?	Yes _____ No _____ If yes...what is designated _____
6. Do you require continuing education or that the CST maintain certification?	Require Continuing Education: Yes _____ No _____ If Yes: how much _____ Require Maintain Certification: Yes _____ No _____
7. What is the entry pay per hour? or per Year?	Entry Pay Rate: Hourly _____ or Yearly _____ Midrange: Hourly _____ or Yearly _____ Top Out: Hourly _____ or Yearly _____
8. Does your institution provide on-the job training for operating room technician/surgical technologist positions?	OJT for Position ORT or ST: Yes _____ No _____
9. Is a non-physician allowed to close wounds? If so, Does your institution provide in-house credentialing for suturing wounds? Or Do you require a first assistant credential?	Non-Physician wound closure: Yes _____ No _____ In-house credential for suturing/closing wounds: Yes _____ No _____ Require First Assistant certification to perform Suturing or closing of wounds as a Non-Physician closing wounds Yes _____ No _____
10. Would you support a bill requiring certification for surgical technologists provided a grandfather clause is incorporated for current workers?	Yes _____ No _____ Maybe _____ Only If _____

This form was filled out by(print): \_\_\_\_\_ phone: \_\_\_\_\_