 **SVSTI's Sterile Processing Graduate Survey**

* Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you graduate on time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you take certification test? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you pass certification test? Please **CHECK one or more** of the following;
* Yes, first attempt
* No
* Yes, but not first attempt
* Haven’t taken it yet
* Did you find a job? Please **CHECK one or more** of the following;
* Yes
* No
* Not Yet
* Not Looking
* Continuing Education
* If YES - Where are you working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is it full time or part time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If working, what is your starting pay? \_\_\_\_\_\_\_\_\_\_\_\_\_ What is your current pay? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Anything else you’d like us to know about your experience at SVSTI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_