

**Clinical Laboratory Science Student Programs**  
**APPLICATION FOR ADMISSION**

*Please Type or Print in Ink*

**Program Applying For:**  Cytotechnology Option     Histotechnology Option     Medical Technology Option:  
 Early Admit (GPA ≥ 3.5)  
or  
 General Admit

**Name** \_\_\_\_\_ **Former Name(s)** \_\_\_\_\_  
Last First Middle if any appear on records

**Current Address** \_\_\_\_\_  
Street City State Zip

**Permanent Address** \_\_\_\_\_  
Street City State Zip

**Current/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Permanent Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Social Security Number (voluntary)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
Last Name First Name Relationship  
\_\_\_\_\_  
Street City State Zip Phone

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It is highly recommended that you have visited clinical laboratories before submitting your application. Please list:

Name of Hospital or Clinic Laboratory, Location	Date you visited or plan to visit
_____	_____
_____	_____
_____	_____
_____	_____

Person *most* helpful in your selection of Laboratory Science as a career:

High School Counselor     College Advisor     Laboratory Faculty/Staff     Other \_\_\_\_\_

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**Non-U.S. Citizens – Please complete the following:**

**Do you have legal authorization to be a student in the United States?**     Yes     No

### ACADEMIC SUMMARY

List in reverse chronological order ALL colleges, universities, professional, technical, or business schools attended. Transcripts from each institution listed must be submitted as part of your application.

Name of Institution	Location (City, State)	Attendance		Credits Earned	GPA	Degree or Certificate	Date Received or Expected Mo/Yr
		From Mo/Yr	To Mo/Yr				

If your education has been interrupted, list your activities during the intervening period.

### WORK EXPERIENCE

List in reverse chronological order your work experience history. Include volunteer experience if applicable.

Name of Employer/Agency/ Institution City, State and Phone Number Name of Supervisor	Dates of Employment	Hours/Week (Part-time Full-time)	Duties and Responsibilities

### EXTRA-CURRICULAR INTERESTS, HONORS AND AWARDS

List extra-curricular interests and give number of years of participation in each.

List honors, awards (e.g. scholarships). Specify high school (HS) or college (C).

## PERSONAL NARRATIVE

Please provide a narrative describing your interest in the selected area of study. Type or computer print your response on a separate sheet of paper. Limit your response to one page. Please discuss the following:

- Why you are choosing this career.
- Your personal characteristics that support your selection for this program.
- Your future academic and professional goals.
- **Optional:** Use the space remaining to provide additional information, not found elsewhere in this application, that you believe would be important for us to know. This is optional and intended only to give each candidate full opportunity for self-expression.

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## REFERENCES

List the three people who are submitting references for you. One reference must be one of your campus advisors; one must be a university chemistry or biology instructor; the other may be a person of your choosing. Please inform your references of the application deadline and provide them with the address(es) of the laboratory(s) to which you are applying.

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Name	Position/Title	Institution/Business
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City	State	Zip	Phone Number
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Name	Position/Title	Institution/Business
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City	State	Zip	Phone Number
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Name	Position/Title	Institution/Business
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City	State	Zip	Phone Number
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## VERIFICATION OF AUTHENTICITY AND RELEASE OF INFORMATION

My answers to the questions in this application and associated materials are true, accurate and complete to the best of my knowledge. Any misrepresentation in these materials will be considered grounds for dismissal from the program, should I be accepted. I hereby grant permission to all of my previous employers and work supervisors listed in the application and the individuals who have provided references for this application, to release information needed to verify any aspect of my application. A copy or facsimile of this application, references, and/or other supporting documents, shall be considered as valid as the original in granting permission to verify this information.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## TECHNICAL STANDARDS

Technical Standards represent the essential non-academic requirements of the program that all students must master to successfully participate in the program and become employable. All students and, thereby, all applicants are expected to:

- \* Possess sufficient vision to easily read charts, graphs, instrument panels and printouts.
- \* Be able to discriminate colors in order to identify reagents, media, stained cell preparations and physical properties of various body fluids, as well as delineate fine details of cellular structure and morphology when using a microscope.
- \* Be able to read, write and communicate in the English language to facilitate effective communication with patients, physicians and all other members of the health care team.
- \* Possess enough hearing ability with or without auditory aids to understand the normal speaking voice and discern audible instrument alert signals and timing devices.
- \* Demonstrate sufficient manual dexterity to perform such required tasks as: performing phlebotomy safely and accurately; operating delicate instruments; manipulating tools; handling small containers of potentially biohazardous specimens (one by one-half inch); utilizing sample measuring devices; adequately focusing and manipulating a microscope.
- \* Be sufficiently mobile to traverse about the Laboratory and Hospital corridors, including patient rooms (minimum width: 3 feet).
- \* Demonstrate sufficient psychological stability to effectively problem solve and to react effectively in stressful situations. Must be able to recognize emergency situations and take appropriate action. In general, the student must possess the emotional health required for full utilization of his or her intellectual abilities.
- \* Corrective devices and reasonable accommodations may be utilized to satisfy Technical Standards.

**I have read the above Technical Standards and fully understand them. Any questions that I have concerning them and how they apply to me have been answered by program representatives to my satisfaction. It is my belief that I can satisfy each of the above Technical Standards based on my existing skills and abilities, or through the use of corrective devices.**

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Name of Applicant (print)

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Signature of Applicant

Date

## Clinical Laboratory Science Student Programs REFERENCE FORM

### INSTRUCTIONS

- **To the Applicant:** You may use this form *or* an official reference form from your college or university. Complete Section 1 of this page and print your name at the top of page 2 before sending to the person providing the reference. Be sure to provide each reference with the address of the laboratory(s) to which you are applying.
- **To the Person Providing the Reference:** Thank you for your willingness to evaluate and provide information regarding this applicant. Your reply is critical because the applicant will not be considered for acceptance to a clinical laboratory science program without your appraisal. Please provide a candid appraisal of this applicant by completing Section 2 below and by providing narrative comments on page 2. The applicant should have provided you with the name and address of the laboratory(s) to which this reference form should be sent.

### SECTION 1 (to be completed by applicant):

In accordance with the Family Education Rights and Privacy Act of 1974 (Public La 93-380), I understand that I have the right to review this letter of reference based on my preference, which I have indicated below.  
(You must choose one.)

Non-confidential, open to my review

Confidential, not open to my review

Applicant's \_\_\_\_\_  
Name (Print)

Applicant's \_\_\_\_\_  
Signature

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

City/State/Zip: \_\_\_\_\_

Program Applying For (check one):  Cytotechnology

Histotechnology

Medical Technology

### SECTION 2 (to be completed by reference):

How well do you know the applicant?  very well  fairly well  slightly

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Has the applicant discussed career goals with you?  yes  no

Characteristics	Out- standing 4	Very Good 3	Good 2	Fair 1	Poor 0	Unable To Judge
<b>Punctuality:</b> Ability to meet scheduled times						
<b>Quality of work:</b> Level of thoroughness, accuracy						
<b>Responsibility:</b> Willingness to take on/assume responsibility						
<b>Initiative:</b> Self-starter						

Applicant's Name \_\_\_\_\_

Characteristics	Out-standing 4	Very Good 3	Good 2	Fair 1	Poor 0	Unable To Judge
<b>Confidence:</b> Extent to which applicant is confident in his/her judgments and performance						
<b>Reaction to constructive criticism:</b> Acceptance and action						
<b>Team skills:</b> Ability to work collaboratively with others						
<b>Analytical skills:</b> Ability to problem solve, correlate, and process information from multiple sources and to think critically						
<b>Verbal skills:</b> Clarity of expression, articulateness						
<b>Written expression:</b> Clarity, conciseness						
<b>Motivation:</b> Depth of commitment to pursuing a career in selected area						
<b>Empathy:</b> Sensitivity to the needs of others, consideration, tact						
<b>Ability to work under pressure:</b> Balance, ability to cope						
<b>Organization:</b> Efficiency, effective use of time						
<b>Ability to work independently</b>						

**Please provide narrative comments about the applicant with a description of positive or negative attributes.**  
(Please use the space below or provide separate attachment.)

**Overall recommendation:**  highest recommendation- without reservation     recommend     recommend with reservations     do not recommend

*(please mark one box)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_