

CLINICAL PROGRAM
Application for Admission

Print in Ink or Type

Date _____

Name _____

Last
First
Middle/Maiden

School Address _____

Number & Street
City
State
Zip Code

Permanent Address _____

Number & Street
City
State
Zip Code

School Phone () _____ Permanent Phone () _____

Email Address _____ Social Security Number _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name
Relationship
Phone Number

EMPLOYMENT HISTORY

List previous work experience (within the last four years):

Company
Position Held
Date Employed

Company
Position Held
Date Employed

Company
Position Held
Date Employed

Any previous clinical laboratory experience? Yes No

If yes, where? _____ When? _____

What capacity? _____

FORMAL EDUCATION

College/University History:

Year entered _____ Graduated _____ If graduate, level of degree _____

Junior colleges, colleges and/or universities attended:

Name	Location	From	To

List number of college credit hours completed (C), in progress (I), and planned (P):

Mathematics	Credit Hours
Algebra	
Adv Alg & Trig	
Calculus	
Statistics	
Physics	
Other (specify)	

Chemistry	Credit Hours
General inorganic	
Organic	
Quantitative Analysis	
Biochemistry	
Other (specify)	

Biology	Credit Hours
General Biology	
Anat. & Physiology	
Genetics	
Gen Microbiology	
Adv. Microbiology	
Mycology	
Virology	
Other (specify)	

Pre-Clinical	Credit Hours
Hematology	
Immunology	
Immunohematology	
Urinalysis/Body Fluids	
Instrumentation	
Parasitology	
Other (specify)	

Check those clinical facilities	Visited	Applied
Sacred Heart Hospital		
St. Elizabeth Hospital		
St. Joseph Hospital		
St. Vincent Hospital		
Aspirus Wausau Hospital		
Other (specify)		

Current Cumulative GPA _____

Current Science (Core) GPA _____

Please give a brief explanation of how you became aware of or chose a career in medical technology (clinical laboratory science). In your explanation, include your goal statement, what contribution you feel you can make to the profession, and what reservations, if any, you have of the profession.

List the three college references you intend to use for recommendations. These must include your campus clinical laboratory science/medical technology advisor and two science instructors, one of which must have instructed you in a lab.

Name	Institution	Title
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Name	Institution	Title
------	-------------	-------

Name	Institution	Title
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I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant.

I authorize the director of the hospital clinical laboratory science/medical technology program to verify my employment and academic history and release them from any liability resulting from such investigation. I also authorize the college/university to supply any information they have concerning me during my association with them and release them from all liability in connection with this information.

I have read the Essential Functions 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 Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

Signature

Date

ESSENTIAL FUNCTIONS

Essential Functions represent the 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.
- Demonstrates 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; and adequately focusing and manipulating a microscope.
- Demonstrate the ability to work independently, manage time efficiently, and to comprehend, analyze and synchronize a variety of materials.
- 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 Essential Functions.

I have read the above Essential Functions 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 Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

Signature of Applicant

Date

RECOMMENDATION CLINICAL LABORATORY SCIENCE/MEDICAL TECHNOLOGY CLINICAL EXPERIENCE

Waiver of Option for Open or Closed Confidential References

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.*

Non-confidential, open to my review

Confidential, not open to my review

If neither box is checked, the program will assume you have waived access.

Signature of Applicant

Date

Name of Applicant
(Please Print)

Last

First

Middle

The above-named student has made application for a clinical experience in Clinical Laboratory Science/Medical Technology. We would appreciate your assistance in giving us a recommendation which may aid us in evaluating this student's application.

How long have you known this person? _____

In what capacity have you known this person? Check all that apply.

Course name _____ Grade _____ Lec _____ Lab _____

Course name _____ Grade _____ Lec _____ Lab _____

Course name _____ Grade _____ Lec _____ Lab _____

_____ academic advising

_____ social interactions

Name (Please print or type)

Position or Title _____

Institution _____

Signature of Evacuator _____

Date _____

(Please sign after copying)

Continue on reverse side

Circle the choices that most closely describe your evaluation of this student. If unable to evaluate, circle not applicable (NA).

PUNCTUALITY	Habitually late	Generally on time	Always on time		NA
ORGANIZATION	Slow to organize	Adequately organized	Organized, makes good use of time	Very efficient, well organized	NA
QUALITY OF WORK	Tends to be careless	Usually thorough and accurate, only occasional error	Exceptionally careful and accurate		NA
NEED FOR SUPERVISION	Constant	Minimal	No supervision needed		NA
COMPLIES WITH RULES/REGULATIONS	Total disregard	Usually complies	Always complies		NA
RESPONSIBILITY	Shuns responsibility	Takes on responsibility if asked	Assumes some responsibility on own	Assumes responsibility on own	NA
INITIATIVE	No initiative taken	Some initiative taken ("needs a push")	Self-starter		NA
CONFIDENCE	Often over confident	Consistently lacks confidence	Occasionally lacks confidence	Very mature, self reliant	NA
INTERACTIONS WITH OTHERS	Can be antagonistic	Somewhat lacking in social skills	Satisfactorily relates to others	Kind, compassionate and tactful	NA
COOPERATIVENESS WHEN WORKING WITH OTHERS	Unwilling, reluctant, complains	Usually a good worker, responds well to suggestions	Never complains, good team worker, cooperative, interested		NA
ABILITY TO WORK UNDER PRESSURE	Cannot cope	Adapts poorly	Copes well with most situations	Exceptionally well balanced	NA
REACTION TO CONSTRUCTIVE CRITICISM	Angry	Offers excuses	Apathetic	Accepts and works to improve	NA
ABILITY TO FOLLOW INSTRUCTIONS	Never	Seldom	Usually	Always	NA
CLARITY OF ORAL COMMUNICATION	Has difficulty	Is able to communicate	Articulate		NA
CLARITY OF WRITTEN COMMUNICATION	Has difficulty	Is able to write adequately	Writes clearly and concisely		NA

Would you want this student to work under you in a responsible position?

Would want him/her Would be satisfied to have him/her Would prefer not to have him/her Unable to judge

Please write your personal comments about the student and her/his abilities on a separate sheet of paper. When you are making your comments, consider characteristics such as: leadership, probability of success, intellect and integrity.

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