UPMC Chautauqua Medical Laboratory Science Program PO Box 840, 207 Foote Avenue

Jamestown, NY 14702-0840 716-664-8484 www.ChautauquaMLSProgram.com

Application for Admission

Notice to Applicant: We are pleased at your interest in attending our laboratory preceptorship program in medical laboratory science. For this application, please read all instructions carefully and complete all sections in their entirety as directed. Failure to compete the form fully may result in its refusal or in delays if it is returned for completion. It is highly recommended you have someone proofread your application for accuracy and legibility. In our efforts to efficiently process your application please make sure all required materials are received in a timely manner. International students must refer to our website for information on additional application requirements.

Please print

(Last Name)	(First Name)	(Middle Name or Initial)
College ID #		
Current Address:		Telephone: ()
your school residence)	Street Address	circle: cell phone / land-line
	<u> </u>	Email: *
City	State Zip Code	
	a cont cloatronically via a mail	
*NOTE: All communications will be		
	nerwise, the permanent address will be used for	any USPS mailings.
		any USPS mailings. Telephone: ()
*NOTE: Unless communicated oth		, ,
*NOTE: Unless communicated oth Permanent Address: *	nerwise, the permanent address will be used for	Telephone: ()

Education: List ALL previous and current institutions, even if not part of your current major. If necessary, attach an additional sheet.

High School	Graduation (mm/yyyy)			
College / University	Major & Minor Areas of Study	Dates Attended (mm/yy – mm/yy)	Graduation Date	Degree
An official (or student) transcript must be from your academic advisor is permitted, provided it is r				
Answer each of the following. If you respond "NO" for a	any statement, review admissions inform	nation on our website b	before continuing this	application:
I understand I <i>must</i> be enrolled in a baccalaureate (4-year) college/university during the full program yearYESNO				YESNO
Upon successful completion, credits for the	e clinical year of experience wil	show on my univ	versity transcript.	YESNO
My current GPAs meet/exceed the minimu **I have also included my completed "tra-				
I understand any grade less than a "C" (C-	or below) in my junior (for 3+1) or se	enior (for 4+1) year	must be repeated	IYESNO
Complete the following for the college/university you wi	Il be enrolled in during the clinical progra	am year:		
Degree-granting College / University: (Include this college/university in above chart, noting date of expected graduation and degree to be received)				e to be received)
Address:		/City	/	
Street A	ddress	City	State	Zip Code
Academic Advisor:	Title	/	Department/Div	vision
Contact Information: ()	110		Department/Div	
Phone n	umber	E-mail addr	ess	

Applicant Checklist:

□ Completed all parts of this application form □ Attached the completed "transcript

evaluation" form

- □ Sent <u>all</u> college transcripts
- Double-checked accuracy and legibility of

List the	List the classes you are currently enrolled in and/or those you plan to enroll in for the next semester(s).		
	Current/upcoming (Fall) semester	Final (Spring) semester	

Dear Applicant:

Upon completion of your clinical year, you *must* receive a baccalaureate degree (or advanced certificate) in order meet the requirements for certification by the ASCP Board of Certification as a Medical Laboratory Scientist. Meet with your advisor and make sure you have met **all** of the college/university's requirements for graduation and verify you will receive a degreed transcript upon successful completion of your clinical year.

I have verified the necessary coursework and graduation requirements and I will receive my baccalaurete degree upon successful completion of the clinical program year.

Signature	date

Work/Volunteer Experience: Please supply the information related to your three most recent employers, starting with the most recent.

Contact Person (Supervisor) & Organization (Name/Address/Phone)	Position & Duties	Dates of Employment/ Volunteering		
Please use the space below to describe your interest	sts, hobbies and activities, other than academics, tha	t you enjoy.		
Health Care Profession: Are you certified in any health care profession(s) (i.e. MLT, EMT, Phlebotomy)?YESNC				
If YES, list type(s), date(s) certified, and certification	n number(s)			
Military Service: Branch of US Military:	Dates Served: Discharge	Rank:		
Specialized clinical training, citations or rewards received:				
Have you ever been dismissed from college for disc	inlinary reasons? YES NO			
Have you ever been convicted of a criminal offense, plead guilty or <i>nolo contendere</i> , court-martialed from the military, has a sentence suspended or withheld adjudication and/or have been convicted of a misdemeanor and/or violation (excludir traffic-related violations unless drug or alcohol related) except those convictions sealed, expunged or set-aside under Federal or State law?YESNO				
If answered YES to either of the above, explain (attach a separate letter if needed):				

References: Carefully and legibly list your references below. Include two (2) references from college science instructors and one (1) from an employer or non-family personal reference. Each reference will be contacted, **via e-mail**, to complete an electronic reference form. *Note: by listing each reference, you are waiving your right to view the submitted form and its contents. Contact the Program Director for instructions should you decide to not waive these rights (source: The Family Education Rights and Privacy Act of 1974 (FERPA) as amended)

Science Instructor References:	
Name/title:	
Occupation:	
E-mail Address (required):	Telephone: ()
Name/title:	
Occupation:	
E-mail Address (required):	Telephone: ()
Employer/Personal Reference (or 3 rd Science Instructor)	:
Name/title:	
Occupation:	
E-mail Address (required):	Telephone: ()
Why have you selected Medical Laboratory Science as your	

Signature of Understanding: Please read the following and sign to indicate your understanding; contact the program with any questions prior to signing.

I understand that UPMC Chautauqua does not discriminate on the basis of race, age, religion, sex, sexual orientation, marital status, veterans status, national origin, color, creed or handicap in admission or access to, or treatment or employment in, its program or activities. I consent to take a pre-enrollment physical and such future examinations as may be required by the hospital. I hereby authorize investigation of all statements submitted in this application, including consulting other institutions and persons in order to verify any information or obtain information which may be pertinent to the evaluation of my application.

I understand that if I am accepted into the UPMC Chautauqua Medical Laboratory Science Program, I may lose my position in the upcoming program year if I receive any grade less than a "C" (C– or below) and if I fail to maintain the minimum GPA requirements (Overall \geq 2.5, Biology \geq 2.5, Chemistry \geq 2.3) each semester preceding the start of the program year.

I certify that all submitted statements are true and further understand that any misrepresentation or intentional omission will be sufficient cause for my application rejection or my immediate dismissal from the program.

Signature:

Date: