

# UPMC Chautauqua Medical Laboratory Science Program

PO Box 840, 207 Foote Avenue  
 Jamestown, NY 14702-0840  
 716-664-8484 [www.ChautauquaMLSProgram.com](http://www.ChautauquaMLSProgram.com)

### Applicant Checklist:

- Completed all parts of this application form
- Attached the completed "transcript evaluation" form
- Sent all college transcripts
- Double-checked accuracy and legibility of reference contact information.

## 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 complete 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

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name or Initial)

College ID # \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
(your school residence) Street Address circle: cell phone / land-line

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code Email: \* \_\_\_\_\_

\*NOTE: All communications will be sent electronically via e-mail.  
 \*NOTE: Unless communicated otherwise, the permanent address will be used for any USPS mailings.

Permanent Address: \* \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
(your hometown residence) Street Address circle: cell phone / land-line

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code

American Citizen: \_\_\_YES \_\_\_NO If NO, you must visit our website for a list of additional required documents that must be submitted with this application.

**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 sent from ALL colleges/universities you attended. (An unofficial transcript(s) obtained from your academic advisor is permitted, provided it is received by our program in a sealed envelope with the advisor's signature on the envelope seal.)

-----

Answer each of the following. If you respond "NO" for any statement, review admissions information on our website before continuing this application:

I understand I *must* be enrolled in a baccalaureate (4-year) college/university during the full program year. \_\_\_YES \_\_\_NO

Upon successful completion, credits for the clinical year of experience will show on my university transcript. \_\_\_YES \_\_\_NO

My current GPAs meet/exceed the minimums required to apply: Overall ≥ 2.5, Biology ≥ 2.5, Chemistry ≥ 2.3. \_\_\_YES \_\_\_NO

\*\*I have also included my completed "transcript evaluation" form (printed from website) with this application.

I understand any grade less than a "C" (C- or below) in my junior (for 3+1) or senior (for 4+1) year must be repeated. \_\_\_YES \_\_\_NO

-----

Complete the following for the college/university you will be enrolled in during the clinical program year:

Degree-granting College / University: \_\_\_\_\_  
(Include this college/university in above chart, noting date of expected graduation and degree to be received)

Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address City State Zip Code

Academic Advisor: \_\_\_\_\_/\_\_\_\_\_  
Name & Title Department/Division

Contact Information: (\_\_\_\_) \_\_\_\_\_  
Phone number E-mail address

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 baccalaureate 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 interests, hobbies and activities, other than academics, that you enjoy.

\_\_\_\_\_

**Health Care Profession:** Are you certified in any health care profession(s) (i.e. MLT, EMT, Phlebotomy)?  YES  NO  
If YES, list type(s), date(s) certified, and certification 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 disciplinary reasons?  YES  NO

Have you ever been convicted of a criminal offense, plead guilty or *nolo contendere*, court-martialed from the military, had a sentence suspended or withheld adjudication and/or have been convicted of a misdemeanor and/or violation (excluding traffic-related violations unless drug or alcohol related) except those convictions sealed, expunged or set-aside under Federal or State law?  YES  NO

If answered YES to either of the above, explain (attach a separate letter if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

