UPMC Chautauqua Medical Laboratory Science Program

PO Box 840, 207 Foote Avenue
Jamestown, NY 14702-0840
716-664-8484 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 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

Name: ____
(Last Name) (First Name) (Middle Name or Initial)

College ID # ______________________________

Current Address: ______________________________ Telephone: (___)__________
(your school residence) Street Address circle: cell phone / land-line

______________/__________/__________ Email: *______________________
City State Zip Code

*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.)

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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

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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 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.

Employer (Name, Address) & Contact Person (Supervisor, phone/email)	Position & Duties	Dates of Employment

Volunteerism: Please use the space below to describe volunteer experience (include location & date), if applicable.

_____

_____

_____

Hobbies: Please use the space below to describe your interests/hobbies/activities, other than academics, 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: _____

Positions/duties: _____ Discharge Rank: _____

Specialized clinical training, citations or rewards received: _____

_____

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 3rd Science Instructor):

Name/title: _____

Occupation: _____

E-mail Address (required): _____ Telephone: (___) _____

Technical Prerequisites: Carefully read and sign. A student must have the following abilities to accomplish the essential requirements of the program. Should you be unable to meet any requirements, contact the Program Director to verify program eligibility.

Technical Prerequisites:

1. **Effective oral, written and social communication skills in Standard English language – Student must:**
   a. be able to read and comprehend technical, instructional, professional and informational materials.
   b. follow written and verbal instructions.
   c. have social and communication skills to effectively and concisely interact with patients, physicians, health care providers, hospital personnel and coworkers in both direct and indirect verbal contact and in written format.
2. **Physical and behavioral skills – Student must:**
   a. be able to sit, stand or walk for moderate periods of time, lift and carry moderately heavy objects, and reach bench tops, shelves and patients in hospital beds or collection chairs.
   b. have manual dexterity necessary to perform the fine manipulations required to safely and accurately perform and report laboratory tests.
   c. be able to distinguish color, clarity, odor and special characteristics of clinical specimens. Have visual acuity necessary to use a microscope and distinguish colors and discriminate fine cellular details. Be able to read graphs, fine print and video displays to adequately perform laboratory tests.
   d. be aware of and recognize potential hazards and adhere to the rules and guidelines for laboratory and hospital safety.
   e. be able to effectively tolerate the stresses of the hospital/laboratory environment, responding professionally to everyday workplace stresses, including emergency situations, noise, smells and encounters with incorrigible individuals. Work well with others and share knowledge and problem-solving skills in a positive manner.
   f. be ethical, honest, and compassionate. Follow hospital rules for patient confidentiality. Willingly take responsibility for one's actions and be forthcoming about errors or areas of inadequacy. Critically evaluate one's own performance and accept constructive criticism as a mode of professional and personal growth.

I attest that I have read and understand the technical prerequisites of the UPMC Chautauqua Medical Laboratory Science Program and am prepared to meet these requirements.

_____
Print full name Signature date

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): _____

_____

_____

Essay #1: In your ***own words and handwriting***, briefly answer the following question in the space provided below.

Why have you selected Medical Laboratory Science as your career choice?

Essay#2: In your ***own words and handwriting***, briefly explain in the space provided below.

We like to give applicants an opportunity to explain grades of B- (2.7) or less. Provide an explanation for 1 or 2 of these courses, if applicable.

Essay#3: In your ***own words and handwriting***, briefly explain in the space provided below.

Explain how you approach a new topic that is difficult to understand.

_____

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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 ≥ 2.5, Biology ≥ 2.5, Chemistry ≥ 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: _____

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