

UPMC Chautauqua Medical Laboratory Science Program

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

Applicant Checklist: <input type="checkbox"/> Completed all parts of this application form <input type="checkbox"/> Attached the completed "transcript evaluation" form <input type="checkbox"/> Sent <u>all</u> college transcripts <input type="checkbox"/> 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-marshaled from the military, had a sentence suspended or withheld judgment 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): _____

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 wave these rights (source: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended).

<p>Science Instructor References:</p> <p>Name/title: _____</p> <p>Occupation: _____</p> <p>E-mail Address (required): _____ Telephone: (____) _____</p> <p>Name/title: _____</p> <p>Occupation: _____</p> <p>E-mail Address (required): _____ Telephone: (____) _____</p> <p>Employer/Personal Reference:</p> <p>Name/title: _____</p> <p>Occupation: _____</p> <p>E-mail Address (required): _____ Telephone: (____) _____</p>

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

<p>Why have you selected Medical Laboratory Science as your career choice?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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 \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: _____