WCA Hospital School of Medical Technology

PO Box 840, 207 Foote Avenue
Jamestown, NY 14702-0840
716-664-8484 www.wcahospital.org/mtschool

I completed the following:
- ☐ Completed all parts of this application 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 clinical internship program in medical laboratory science. For this application, please read the instructions carefully and complete all sections in their entirety. Failure to compete the form fully may result in its refusal or in delays as 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 or type

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

College ID # (or SS #) ____________________ Date of Birth (mm/dd/yyyy): ____________

Current Address: ______________________________ Telephone: (___)__________
(your school residence) Street Address

________________/__________/__________ Email: ____________________
City State Zip Code
(NOTE: If an e-mail address is provided, please note that communication regarding your application may be sent electronically instead of via mail)
(NOTE: While college is in session, USPS mailings will be sent to your school residence address unless indicated otherwise.)

Permanent Address: ______________________________ Telephone: (___)__________
(your hometown residence) Street Address

________________/__________/__________
City State Zip Code

Nearest Relative: ________________/__________ Telephone: (___)__________
Name Relation

Address: ____________________/____________/_______/________
Street Address 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.

Educational Background: 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	Years Attended	Graduation Date	Degree

Official (or student) transcripts must be sent from each college/university you have attended. (Unofficial transcripts obtained from your academic advisor are permissible, provided they are received in a sealed envelope with the advisor's signature on the envelope flap and on each transcript page.)

If you answer "NO" for either of the following statements, review admissions information on our website before continuing this application:

My current cumulative GPA meets or exceeds the minimum 2.30 required to apply. ____YES ____NO

I understand any course grade less than a "C" (C– or below) in my Junior or Senior year must be repeated. ____YES ____NO

Complete the following if you are currently enrolled or will still be enrolled in the college/university 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

Office Address: ____________________ Phone: (___)__________ Email: ____________
Office #, Building, Street

If you have NOT received a Baccalaureate degree or are taking classes to meet entrance requirements, list the classes you are currently enrolled in and/or those you plan to enroll in for the next semester(s).

CURRENT CLASSES	PLANNED CLASSES
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Dear Applicant:

Upon completion of your clinical year, you must receive your baccalaureate degree (if you have not already graduated) in order meet the requirements for certification as a Medical Laboratory Scientist. The Board of Certification requires a *final* college transcript officially stating receipt of degree. If you have not graduated, 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 completion of your clinical year.

CHOOSE ONE

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

____
Signature date

I have already received my baccalaureate degree as noted on my college/university transcript.

____
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

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)

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Please use the space below to describe your interests, hobbies and activities, other than academics, that you enjoy.

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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 judication 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 for 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's contact information, you are waiving your right to view the submitted form and its comments. See our website for instructions should you decide to not wave these rights (source: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended).

Science Instructor References:

Name/title: ______________________________

Occupation: ______________________________

E-mail Address: ______________________________ Telephone: (___) ______________

Name/title: ______________________________

Occupation: ______________________________

E-mail Address: ______________________________ Telephone: (___) ______________

Employer/Personal Reference:

Name/title: ______________________________

Occupation: ______________________________

E-mail Address: ______________________________ Telephone: (___) ______________

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

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

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Signature of Understanding: Please read the following and sign to indicate your understanding; contact the School with questions.

I understand that WCA School of Medical Technology 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 admitted into the WCA Hospital School of Medical Technology, I may lose my position in the upcoming internship year if I receive any grade less than a "C" (2.0) and if I fail to maintain a cumulative GPA of 2.50 or higher each semester preceding the start of the internship.

I certify that all submitted statements are true and further understand that if I am accepted, any misrepresentation or omission of fact pertinent to admission will be sufficient cause for dismissal.

Signature: ______________________________ Date: ______________