**Program Application**

**DMC UNIVERSITY LABORATORIES**

**MEDICAL LABORATORY SCIENCE**

**4201 St Antoine**

**Detroit, MI 48201**

**APPLICATION FOR ADMISSION IN AUGUST OF 20\_\_\_\_ JANUARY OF 20\_\_\_\_\_\_**

All questions in this application must be answered. All answers must be printed in ink or typewritten

DMCUL: is an equal opportunity organization and complies with the letter and spirit of federal and state laws which prohibit discrimination based on race, creed, color, religion, national origin, age, sex, marital status, weight, height, handicap, physical or mental impairment or political persuasion. We assure you that your application and information will be treated confidentially.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for Class Beginning:(Include month & year, see individual hospital dates below) | | | | | | |  | | Social Security Number: (the last 5 digits only) | | | | | |  | | | |
| **Name:** | |  | | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | | |
| **Current Address:** | | | | | |  | | | | | | | | | | | | |
| (Street) (Apt) (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| **Current Phone:** | | | ( ) | | | | | **Current E-Mail Address:** | | | | |  | | | | | |
| **Permanent Address:** | | | | |  | | | | | | | | | | | | | |
| (Street) (Apt) (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| **Permanent Phone:** | | | | ( ) | | | | | | **Cell Phone:** | ( ) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **1.** Are you 18 years of age or older? | | | | | | | | | | | | | | | | | Yes No | |
| **2.** Are you a citizen of the United States? | | | | | | | | | | | | | | | | | Yes No | |
| **3.** If “No” to question **2** above, are you legally authorized to work & remain in the United States permanently? | | | | | | | | | | | | | | | | | Yes No | |
| **4.** If “No” to question **2** above, Visa/Passport Number:  (Attach a copy of your Visa to this application) | | | | | | | | | | | | | | | | |  | |
| Note: Hospital-based Clinical Laboratory Science Programs are not approved to provide sponsorship for foreign students needing a ‘student visa’ or immigration through employment. | | | | | | | | | | | | | | | | | | |
| **LIST ALL Colleges/Universities attended:** | | | | | | | | | | | | | | | | | | |
| Dates | | | | Institution/Location | | | | | | | | Major | | Degree | | | | Graduation Date |
| From | To | | |
|  | | | |  | | | | | | | |  | |  | | | |  |
|  | | | |  | | | | | | | |  | |  | | | |  |
|  | | | |  | | | | | | | |  | |  | | | |  |
|  | | | |  | | | | | | | |  | |  | | | |  |
|  | | | |  | | | | | | | |  | |  | | | |  |
| Has your education been continuous other than for vacations? | | | | | | | | | | | | | | | | Yes No | | |
| If “No”, for any period you were not officially enrolled as a student attach separate sheet & describe your activities &/or employment. | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST work experience:** | | | | | | | | | | |
| Dates | | | Employer | | | | Title/Responsibilities | | Hours/Week | |
| From | To | |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
| **LIST your volunteer experiences, health care related services/activities,**  **educational/professional memberships & affiliations (include any office held):** | | | | | | | | | | |
| Dates | | | | | Organization/Responsibilities/  Office Held | | | | Hours/Week | |
| From | | To | | |
|  | |  | |  | | | | |  | |
|  | |  | |  | | | | |  | |
|  | |  | |  | | | | |  | |
|  | |  | |  | | | | |  | |
| **Provide the following additional Background Information:** | | | | | | | | | | |
| Have you ever been convicted of a criminal offense (other than minor traffic violation)? | | | | | | | | Yes No | | |
| If “Yes”, What type of criminal offense? | | | | | | Misdemeanor  Felony | | | | |
| If “Yes”, attach separate sheet & explain (include dates charged, penalties and current disposition) | | | | | | | | | | |
| **NOTE:** Convictions are NOT an automatic disqualification for acceptance into a Clinical Laboratory Science Program. | | | | | | | | | | |
| Have you ever been suspended or discharged from employment? If “Yes”, attach separate sheet & explain. | | | | | | | | Yes No | | |
| Have you ever been discharged or suspended from an educational program (including one to meet any certification requirements)? If yes explain on a separate sheet. | | | | | | | | Yes No | | |
| Have you ever been subject to disciplinary action in an educational program (including one to meet any certification requirements)? If yes explain on a separate sheet. | | | | | | | | Yes No | | |
| Has there ever been any action/complaint taken against your license in any state? If “Yes”, attach separate sheet & explain. | | | | | | | | Yes No | | |
| Have you ever been sanctioned (probation excluded, suspended), been required to pay a fine or penalty, or have you ever been or are currently under investigation by a state, federal or other regulatory authority? | | | | | | | | Yes No | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MILITARY SERVICE:**  On separate sheet, describe specialized training applicable to hospital/clinical laboratory science environment. | | | | | |
| Branch of Military Service: | | | Dates Served: | Discharge Rank: | |
|  | | |  |  | |
| Citations/Awards Received: | |  | | | |
| **STATEMENT OF ACKNOWLEDGEMENT**  READ THE FOLLOWING STATEMENTS BEFORE COMPLETING, DATING AND SIGNING | | | | | |
| Individuals enrolled in the Medical Laboratory Scientist Program must possess the Technical Performance Standards/Essential Functions identified on the web site. (http://www.dmc.org/mls) | | | | | |
| “Specific academic standards and essential functions required for admission to the program shall be clearly defined, published, and provided to prospective students. There shall be a procedure for determining that the applicants’ or students’ health will permit them to meet the written essential functions of the program.” (Taken from: The Essentials of Accredited Educational Programs for the Clinical Laboratory Scientist/Medical Technologist, published by the National Accrediting Agency for Clinical Laboratory Sciences, copyright 2003). | | | | | |
| Yes No | I have read the Technical Performance Standards/Essential Functions. | | | | |
| Yes No | I can perform all of the Technical Performance Standards/Essential Functions with or without reasonable accommodations. | | | | |
| I certify that the facts set forth in my Application and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application will result in immediate discharge at any time thereafter should I be accepted into the Medical Laboratory Scientist Program. I also consent to and authorize the Medical Laboratory Scientist Program to contact former and currents employers, educational institutions, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also understand that the Medical Laboratory Scientist Program may, in is sole discretion, conduct a criminal history check. I hereby consent to having a post-offer physical to include nicotine testing, mandatory immunization shots, and/or mental examination(s) and/or test(s) including signing a consent form for drug testing conducted by a physician or other professional and understand that any offer of a position in the Medical Laboratory Scientist Program is conditioned upon the results of this examination(s) and/or test(s). | | | | | |
|  | | | | | |
| Applicant’s Signature: | | | | | Date: |

|  |
| --- |
| **DMC – University Laboratories**  (Note: September and January Start (Dates) |
| Bernarda Wroblewski, MS, MT(ASCP)  Program Director, School of Medical Laboratory Science  UHC: Room 3D-13  4201 St. Antoine  Detroit, MI 48201  (313) 993-0482  E-mail: bwroblew@dmc.org  Web Site: dmc.org/mls  **With this application form you must submit:**  1. $10 NON-REFUNDABLE Processing Fee  Make check/money order payable to: **The Detroit Medical Center**  2. Attach separate sheet for Essay Question.  In your own words, answer: **Why you want to be a Medical Laboratory Scientist?**  3. **Official Transcript** for **all** institutions you attended.  4. Letters of recommendations-Advisor, Science Instructor, Employer (submitted by recommenders). General letter of  recommendation is not acceptable. Use recommendation form on web site.  .  5. Submit a completed “Academic Course Plan” indicating classes you have taken **and *will* take**.  6. Foreign applicants must submit a U.S. evaluation of your foreign degree. The evaluation must contain credit hours and grade  equivalent to U.S. plus the degree is equivalent to a 4 year U.S. degree in Medical Laboratory Science.  Copy of Passport or Visa if not a U.S. Citizen.  **DEADLINE DATES**  **August 15:** Application Form, required Essay, Processing Fee, Transcripts and Academic Course Plan  **September 15:** Letters of recommendation  **September 30:** Interview must be conducted by this date.  **NOTE: It is recommended you submit the application 1-2 months prior to the deadline to guarantee your preferred interview date/time. Interviews will be granted even if all recommendation forms have not been received. There are a limited number of interview dates and times available between April 1st and September 30th** |