

APPLICATION FOR ADMISSION Medical Laboratory Science Program Application Class beginning May 11, 2020	Department of Allied Health Sciences Campus Box 4668 Austin Peay State University Clarksville, TN 37044
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Date of Application		Student A#	
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Last Name:	First Name:	Maiden/Other:
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Address		Phone	
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E-mail		Birth Date	
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Place of birth		Citizen of	
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In case of emergency, notify:

Permanent Mailing Address:

References
Please list two science professors and a personal reference. Each should write a letter of recommendation.

Name	Title	Phone & e-mail
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1.		
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2.		
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3.		
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Educational Background

Name of School(s)	Location	Years attended	Major	Date Graduated	Degree
High School				Note: HS Transcript not needed	HS Degree Not needed
University/College					
University/College					
University/College					

*** Transcripts must be sent to Program office and APSU registrar separately.***

If you have worked in Health Care before, what did you do and for how long?

I understand the Medical Technology Program Director will request information from my disciplinary record at Austin Peay State University, or another institution I have attended, to be used in consideration of my admission to or continued enrollment in this academic program. I hereby grant permission for the release of the disciplinary record information to the Medical Technology Program Office for these purposes as indicated by my signature below.

Printed name of applicant:	
Signature of Applicant:	Date:

Please return the completed packet to the Program Office, SSC D232 or Mail to:

*Medical Laboratory Science Admissions Committee
Department of Allied Health Sciences
Campus Box 4668
Austin Peay State University
Clarksville, TN 37044*

If you have questions,
call (931) 221-6455 or
fax (931) 221-6452, or
E-mail scanlanp@apsu.edu.

Additional information may also be found at the APSU Medical Laboratory Science Home Page at:
<https://www.apsu.edu/medical-technology/index.php>



**PERSONAL ESSAY Medical
Technology Program Austin
Peay State University**

Write an essay indicating why you want to become a Medical Laboratory Scientist/Medical Technologist. If additional space is needed, use a plain sheet of white paper. The total length should not exceed two pages. If you have a word processor, please duplicate the header above and submit your essay typed.

MEDICAL TECHNOLOGY PROGRAM
DEPARTMENT OF ALLIED HEALTH SCIENCES, AUSTIN PEAY STATE UNIVERSITY

TECHNICAL STANDARDS ACKNOWLEDGMENT FORM

Instructions: Please read the list of MT Program Technical Standards below. Students applying to the MT Program must state that, as far as they are aware of, they are able to satisfy the expectations defined in these Technical Standards, as a part of the application process for entry into the MT Program.

Technical Standards

An individual intending to enter the APSU Medical Technology Program for degree/certification, subsequently to enter the profession of Medical Technology/Clinical Laboratory Science, must have certain minimal technical skills and essential functions. The APSU MT Program expectations include:

1. Sufficient visual acuity to read small font text; to read text presented on a video or computer monitor; to recognize and identify instrument communication lights and/or readouts; to distinguish cells under high power light microscopy by means of color differences, morphology, granulation patterns, etc.; to recognize differences in morphology for bacterial colonies growing on solid media; to identify color, clarity, and viscosity of body fluids, etc.
2. Sufficient proficiency in the English language to read and comprehend complex scientific literature, to write technical papers and reports, to communicate effectively orally with other English speakers. International students must comply with APSU requirements regarding the TOEFL exam (or equivalent measures). See APSU University Bulletin.
3. Sufficient hand-eye coordination and manual dexterity to operate complex mechanical and electronic instruments (e.g., compound microscope, spectrophotometer, centrifuge, electronic balance, computer terminal, semi-automated pipette device, etc.); and perform complex manual techniques (e.g., drawing blood, plating bacterial cultures, manipulating microscope slides, test tubes, etc.).
4. Sufficient sound judgment and coping skills to perform effectively and function independently in stressful academic and clinical laboratory environments.
5. Sufficient emotional health and psychological/social adjustment to cooperate effectively in group activities and assignments and to perform in an ethical manner with professional colleagues and patients.
6. Sufficient confidence and maturity, upon training, to draw blood from fellow students, faculty, and/or patients as well as to handle properly, using universal safety precautions, blood and other body fluids as a part of performing clinical laboratory analyses in a student or clinical laboratory environment.
7. Sufficiently good health to be able to regularly attend all scheduled class and laboratory sessions. I understand that excessive absences, excused or not, may affect my place in the class and grades in all courses I will be taking. Absences in clinical courses will be made up based on availability and time in the clinical sites.
8. Background and fingerprint checks will not disclose anything which will prevent attending clinical rotations in an accredited hospital or laboratory facility.

I have read the list of Technical Standards and certify that, to the best of my knowledge, I meet or exceed these expectations of the APSU Medical Technology Program.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____

STUDENT CHECK SHEET
for APPLICATION to
APSU's MEDICAL LABORATORY SCIENCE PROGRAM (Keep
for your personal use as you prepare your application.)

Item	Check (✓) if Completed
1. Application (4 pages)	
2. Please include a check for \$25.00 payable to: Austin Peay State University Medical Laboratory Science Program	
3. Personal Essay	
4. Technical Standards	
5. Official Transcripts from each institution you have attended	
6. Letters of Reference 1 st Academic: Name _____	
2 nd Academic: Name _____	
3 rd Personal: Name _____	
7. Core and MLS Major Requirements	Keep for your personal use
8. Check Sheet (Complete This Form to Assist You in Completing Your Application Packet)	Keep for your personal use
After you are accepted, before you begin clinical rotations, the following are required:	
Criminal Background check	
Professional liability insurance	
Proof of Medical Insurance - Required for Senior Year	
Medical Records (physician' s exam) - (2 pages)	
Immunization Records Complete (T): MMR _____ Tetanus___ TB _____	
Hep#1 ___ Hep#2 ___ Hep#3 ___ and Hep titer __ Varicella titer___	
[Note: Submitted after acceptance, however, remember you <i>must complete your immunizations</i> and other medical records before you may attend any of the clinical experiences.]	

Medical Laboratory Science Recommendation Waiver

TO APPLICANT: The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission to the medical laboratory science program. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

If you wish to waive your right to inspect a letter of recommendation submitted on your behalf, please complete the following forms provided for this purpose and submit one with each letter of recommendation form which you send or give to an individual who is asked to submit a recommendation on your behalf.

If a recommender does not submit a completed waiver form with a letter written on an applicant's behalf, it is assumed that the applicant has elected not to waive access to the contents.

Waiver of Access to Letters of Recommendation

Student Name (First and Last) _____

Email Address: _____

I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following options below:

I agree to waive access to this letter of recommendation.

I do not agree to waive access to this letter of recommendation.

Date: _____

Signature _____

Name of Recommender: _____

Association with the recommender: _____

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