



## MEDICAL LABORATORY TECHNOLOGY

### Application for Admission

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*Application Deadline: May 1. Applications received after this date will be evaluated on a first-come, first-serve basis, and consideration will be dependent upon openings in the program.*

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***\*\*Applications should be turned in to Carol Williams in the Health Profession's Office prior to deadline.***

***\*\*Please use the "Advising Checklist" when completing the application to ensure all material has been included in the application.***

Date: \_\_\_\_\_ Class Year Applying for: \_\_\_\_\_

Name (First MI Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Communication regarding your application will be via e-mail. In the above listing, current address is your current address while at college (if applicable) and your permanent address is where you return when college is not in session. If this does not apply to you, complete only the permanent address section.

**Essay:** On a separate piece of paper please provide a half (½) to one (1) page typed essay, using Times New Roman 12pt font, with 1in margins and double spacing to answer the question: "What interests you in becoming a Medical Laboratory Technician?"

**Education History** – please list all high schools, colleges, and universities attended. Official high school transcripts or GED must be received by the MLT Program Director prior to admission into the program. If program courses, including pre-requisites, were taken at a college other than Lord Fairfax Community College, official transcripts will be required.

Name of School	Location (City, State)	Reason for Attending	Degree or Course of Study	Graduation Date (if applicable)

For “reason attending” please state degree seeking, transfer credit, personal interest, pre-requisite completion, or other. If ‘other’, please describe on a separate document. If you need addition space for more information or other schools, please submit a separate document.

Please list any courses you are currently taking, or plan to take prior to admission. If these are program pre-requisite courses, admission to the program will be contingent upon completing the course with at least a “C or 70%”.

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**Employment History** – please list the most recent first. If additional space is needed, please attach a separate sheet.

1. Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

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2. Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

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3. Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

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**References:** These are the individuals whom you have asked to submit a letter of recommendation for you. Please provide these individuals with a copy of the attached "Reference Form". Have them return the form/letter to you in a sealed envelope with their signature across the seal. Return a minimum of two reference letters in your application packet. One reference must be professional (employer, professor, volunteer group, etc) and one reference must be personal (friend, coworker, church, etc). Neither reference may be a family member or significant other. Please read and sign (if applicable) the "Waiver of Access" prior to distributing to your references.

1. Name: \_\_\_\_\_

Briefly describe how you know this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of time known: \_\_\_\_\_ Personal or Professional? \_\_\_\_\_

2. Name: \_\_\_\_\_

Briefly describe how you know this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of time known: \_\_\_\_\_ Personal or Professional? \_\_\_\_\_

3. (Opt.) Name: \_\_\_\_\_

Briefly describe how you know this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of time known: \_\_\_\_\_ Personal or Professional? \_\_\_\_\_

**Additional Questions:**

Have you ever attended any other clinical/medical laboratory program? Yes \_\_\_\_ No \_\_\_\_

If yes, please list school and dates of attendance: \_\_\_\_\_

Were/are you a member of the U.S. Armed Forces: Yes \_\_\_\_ No \_\_\_\_

If yes, please list dates of active duty: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_

**Attestation:** I certify that the information given by me in this application is true in all respects. I agree that if accepted into Lord Fairfax Community College's Medical Laboratory Technology Program, and the information is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of information in this application to verify my statements, and I authorize all references to answer questions concerning my character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I acknowledge that I am required to complete a drug-screening test and criminal background check prior to acceptance to the final semester of clinical rotations. By signing below you acknowledge that you have read and agree to the above statement.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Essential Functions**

Essential functions are a set of requirements that students must meet for admission, retention and graduation from the program. Prior to admission each student must agree that they can, and are prepared to, meet these requirements with or without reasonable accommodation. It is the responsibility of the student with disabilities to request accommodations that he/she feels are reasonable and are needed to execute the essential function requirements described below.

**The Medical Laboratory Technology student must possess the following skills:**

**Observation:** Distinguish objects macroscopically and microscopically (including color, shade, and hue); read text, charts, graphs, and instrument printouts, and enter computer data; inspect specimens for suitability.

**Movement:** Obtain, manipulate, measure specimens reagents, materials, instruments, and analytical equipment according to established procedures and standards safely and with precision, speed, and accuracy; reach laboratory bench tops and shelves, patients lying in hospital beds or patients seated in specimen collection furniture, perform moderately taxing continuous physical and mental work, often requiring prolonged sitting/or standing, in an eight hour period.

**Communication:** Communicate effectively in English, comprehending oral and written information; follow verbal and written instructions in English in order to correctly and independently perform laboratory test procedures; effectively, confidentially and sensitively communicate with patients regarding laboratory tests or instruction for specimen collection; communicate appropriately and in a timely manner with faculty, students, staff and other health care professionals.

**Intellect:** Receive, process and utilize information in order to achieve satisfactory performance in all tasks; demonstrate judgment and critical thinking skills.

**Behavior:** Be honest, ethical, compassionate, confidential and responsible; manage the use of time, and systematize actions to complete tasks within realistic constraints; possess the emotional health necessary to effectively employ intellect and exercise appropriate judgment; exercise good judgment in responding to emergency situations with patients or peers; be flexible and creative in adapting to professional and technical change; recognize potentially hazardous materials, equipment, and situations, proceeding safely to minimize risk of injury to self and nearby personnel; adapt to working with unpleasant biological specimens or reagents; support and promote the activities of colleagues, adopting a team approach to learning, task completion, problem solving, and patient care; be alcohol and substance abuse free.

By signing below you agree that you can, and are prepared to, meet these requirements with or without reasonable accommodation.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_



# Medical Laboratory Technology Reference Form

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**WAIVER OF ACCESS:** (If signed, the document will not be available for applicant review)

*I have chosen to waive the right to access of this evaluation statement.*

Applicant signature: \_\_\_\_\_

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Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

**Instructions for Reference:**

Please complete this form and return it to the applicant in a sealed envelope with your signature across the seal. The applicant is required to submit a minimum of two such references in their application packet which has a final submission deadline of May 1st. Thank you in advance for your time and for your prompt evaluation of this applicant.

Please complete the table below by placing X's in the box that best describes the applicant in terms of each of the descriptors. If you are unable to evaluate a particular descriptor, please mark the 'Unable to Evaluate' box.

*Your written comments will be very beneficial in our review of this applicant. Please add them on a separate sheet.*

	Outstanding	Exceeds Expectations	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Evaluate
Academic Achievement						
Cooperation and Attitude						
Dependability						
Efficiency and Organization						
Initiative						
Integrity						
Interpersonal Relations						
Leadership Abilities						

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Instructions for Reference:**

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Please complete the table below by placing X's in the box that best describes the applicant in terms of each of the descriptors. If you are unable to evaluate a particular descriptor, please mark the 'Unable to Evaluate' box.

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