School of Medical Laboratory Science

Dear Prospective MLS Student,

Thank you for your interest in the North Kansas City Hospital School of Medical Laboratory Science Program. This packet contains the application materials needed to apply for our Program. Please fill out the forms by hand and submit the materials to the hospital, c/o Laboratory School. **_Incomplete applications will not be considered for admission._**

Please submit the following application materials:

1. Application, including handwritten personal statement.

2. Application Fee: $25.00 check, payable to North Kansas City Hospital

3. Course List (if applicable)

4. Signed Waiver of Rights of Students

5. Student Status Verification (if applicable, to be completed by the registrar)

6. Recommendation forms are to be completed by three individuals, preferably one from a biology professor, chemistry professor, and an employer. (Submitting written letters of recommendation are optional, but references must fill out the form at a minimum.)

7. Student Required Course Prerequisite Worksheet

8. Official College/university transcript(s) from each school attended for all required courses (in a sealed envelope with application packet or mailed separately)

Classes begin each June and end the following May. There is not an official application deadline; however, we start interviewing selected candidates in July, so the sooner we receive your application packet, the better. Typically, student selections are made by October each year.

Once again, thank you for considering the profession of Medical Laboratory Science. In this field, you will be challenged and rewarded in many ways.

Tamara L. Cessna, MS, MT(ASCP)
Program Director
School of Medical Laboratory Science
North Kansas City Hospital
Tamara.Cessna@nkch.org

North Kansas City Hospital

School of Medical Laboratory Science

MEDICAL LABORATORY SCIENCE PROGRAM APPLICATION

Last Name	First	Middle	(Maiden Name, if applicable)

Permanent Street Address	City	State	Zip	Phone	
School Residence Street Address	City	State	Zip	Phone	

Social Security No. _____-_____-_____   U.S. Citizen: Yes ( ) No ( )

Date of class applying for: Degree Status: _____ 4+1 (Degree already completed)
(As of start date) _____ 3+1 (Clinicals will complete degree)

Email Address:

Give the name and address of a person likely to always know your address:

Name	Address	City	State	Zip

EDUCATION RECORD

Colleges/Universities Attended	City/State	Attended From - To	Degree	Major

EMPLOYMENT RECORD

Name and Address of Employer	Employed From - To	Position Held	Reason for Leaving

REFERENCES

List two academic references, to include one biology and one chemistry instructor. At least one reference must come from the degree granting institution. Also list one personal reference, preferably an employer.

Name	Title	Street	City	State	Zip

ORGANIZATIONS/AWARDS

List organizations, offices held, awards, scholarships, or technical education:

PERSONAL STATEMENT

In a brief handwritten statement, indicate why you wish to become a medical laboratory scientist. Please use black ink.

Signature

Date of application

School of Medical Laboratory Science

COURSE LIST – CURRENT ENROLLMENT

Applicant Name:

College/University Name:

Course Number	Course Name	Credit Hours

COURSE LIST – FUTURE ENROLLMENT

I intend to enroll in these courses in the _____ semester.

Course Number	Course Name	Credit Hours

WAIVER OF RIGHTS OF STUDENTS

I hereby voluntarily consent to the release, for admission purposes, of the following documents or information to be sent to professional or graduate schools designated by me:

1. Any and all records pertaining to academic performances at (list colleges and universities attended):

   _____

   _____

   _____

2. Letters of reference to the pre-professional advisor or pre-professional evaluation committee solicited at my request.

3. The evaluation by a pre-professional advisor or a pre-professional committee.

4. Letters of reference to admission committees solicited at my request.

I understand that I can request a copy of all records under Item 1 above. I waive any and all rights of access to any of Items 2, 3 and 4 above which would be otherwise available to me through the Family Educational Rights and Privacy Act of 1974, Public Law 93-380, as amended, or any other similar legislation. I freely waive this right in the belief that confidential reference statements (i.e., those not shared with the candidate) are more readily acceptable by prospective evaluators at the graduate and professional schools. I understand that such documents will be released only to persons with a bona fide interest in professionally reviewing my credentials, and that have the right know the names of any and all persons submitting letters of reference.

Date _____   Signature _____

Social Security Number _____ - _____ - _____

STUDENT STATUS VERIFICATION

This is to verify that with the successful completion of the Spring Semester enrollment,

_____ will have completed the prerequisite courses in
(Name of student)

the Medical/Clinical Laboratory Science or Medical/Technology curriculum at

_____ and will be eligible to enter the clinical (fourth) year
(Name of college/university)

at your Medical Laboratory Science Program. It is further certified that upon notification of successful

completion of the clinical program at your Medical Laboratory Science School, the above-named student

will be granted a Bachelor of Science degree in _____ from

_____.
(Name of college/university)

_____

SIGNATURE
(Registrar)

May be modified to fit the requirements of the college/university.

MEDICAL LABORATORY SCIENCE RECOMMENDATION FORM

PLEASE TYPE OR USE BLACK INK   Confidentiality waived? YES   NO

_____(name) is applying for admission into a Medical Laboratory Science Program to complete those studies required to qualify for certification. The goal of each Program is to select those individuals most likely to satisfactorily complete the clinical program and become outstanding medical laboratory scientists. Please give frank and careful evaluation of this candidate's abilities as your comments are an essential factor in the selection process.

How long have you known the applicant?_____

In what capacity? _____

Your opinion of applicant's integrity? _____

CHECK MOST APPLICABLE SINGLE RESPONSE:

ACADEMIC ABILITY
( ) brilliant, exceptional
( ) above average
( ) average
( ) capable but underachieves
( ) below average

MANUAL DEXTERITY
( ) remarkable, adept, uses equipment well
( ) acceptable performance
( ) acceptable but slow
( ) unacceptable lab performance
( ) no basis to judge

MOTIVATION
( ) strong drive
( ) moderate drive, definite goals
( ) average ambition
( ) lacks drive, no defined goals
( ) no basis to judge

RELIABILITY
( ) consistently dependable, accurate & prompt
( ) usually dependable, accurate & prompt
( ) questionable
( ) unreliable
( ) no basis to judge

QUALITY OF WORK
( ) unusually high, careful, neat
( ) above average
( ) average, does required work
( ) below average, careless
( ) often unacceptable
( ) no basis to judge

COOPERATION
( ) good team worker, respects authority
( ) meets others halfway
( ) inconsiderate, difficult, no respect for authority
( ) antagonistic, resists authority
( ) no basis to judge

JUDGEMENT
( ) unusual ability to evaluate pertinent factors
( ) good decisions on routine matters
( ) sometimes renders wrong conclusions
( ) often renders wrong conclusions
( ) no basis to judge

LEADERSHIP
( ) always assumes responsible role
( ) often assumes responsibility role
( ) accepts but doesn't seek leadership role
( ) refuses leadership role
( ) no basis to judge

INITIATIVE
( ) ingenious, does more than required
( ) required little direct supervision
( ) required moderate supervision
( ) required above-average supervision
( ) no basis to judge

ABILITY TO LISTEN & FOLLOW DIRECTIONS
( ) excellent
( ) above average
( ) average
( ) below average
( ) no basis to judge

This form may be copied if necessary.

MEDICAL LABORATORY SCIENCE RECOMMENDATION FORM (Continued)

RESPONSE TO CONSTRUCTIVE CRITICISM
( ) responds well, corrects problem
( ) listens but often fails to alter performance
( ) emotional response but corrects problem
( ) emotional response, often doesn't alter performance
( ) denies validity of most criticism
( ) no basis to judge

COMMUNICATION: WRITTEN
( ) excellent grammar, spelling & organization
( ) above average
( ) acceptable
( ) poor grammar, spelling &/or organization
( ) no basis to judge

COMMUNICATION: ORAL
( ) excellent skills, organized, articulate and poised
( ) above average skills
( ) average, usually effective
( ) below average, often ineffective
( ) below average, usually ineffective
( ) no basis to judge

EMOTIONAL STABILITY
( ) excellent self-control even under pressure
( ) usually stable
( ) easily disturbed, but achieves goal
( ) instability interferes with achieving goals
( ) temperamental, loses control
( ) no basis to judge

PERSONALITY
( ) outgoing, pleasant, well-liked
( ) distinctive but likable
( ) pleasant, accepted
( ) quiet, reserved
( ) overbearing, disagreeable, avoided
( ) no basis to judge

APPEARANCE
( ) unusually well-groomed
( ) well-groomed on most occasions
( ) acceptable, average
( ) rather poor impression
( ) untidy appearance a possible handicap
( ) no basis to judge

ADDITIONAL COMMENTS: Please indicate any additional comments or clarifications that you think are relevant. Attach additional sheets if needed.

SUMMARY OF EVALUATION
( ) outstanding candidate, recommended enthusiastically

( ) above - average candidate, recommended with confidence

( ) average candidate should be able to complete professional studies satisfactorily

( ) below average candidate, predict will have difficulties with professional studies; recommended with reservation

( ) shows little promise; a high risk; not recommended

REFERENCE SIGNATURE _____   DATE _____

REFERENCE NAME_____   POSITION _____

ADDRESS _____   PLACE OF EMPLOYMENT _____

_____   PHONE _____- _____-_____

_____

This form may be copied if necessary.
Additional letter of recommendation is optional.

North Kansas City Hospital | School of Medical Laboratory Science

STUDENT REQUIRED COURSE PREREQUISITE WORKSHEET

Your Name:	Notes: 1) If you have not taken the course yet, please leave it blank. 2) You need at least 12 of the courses listed to be eligible for admission. If you have taken the required courses, the 12th course must be from the list of preferred prerequisite courses.			
Required Prerequisite Courses Taken	Credit Hours	Grade Received	College/University where course was taken:	Equivalent Course Name: (If applicable)
Required Biology Prerequisites (or equivalent courses):				
Principles of Biology				
Human Physiology				
Microbiology, with lab				
Genetics				
Immunology				
Required Chemistry Prerequisites (or equivalent courses):				
General Chemistry 1				
General Chemistry 2				
Organic Chemistry 1, with lab				
Biochemistry				
Other Required Prerequisites (or equivalent courses):				
College Algebra (or higher math course)				
Statistics - OR – Quantitative Analysis /Analytical Chem				
Preferred Prerequisites (or equivalent courses):				
Analytical Chem without Statistics - OR – Quantitative Analysis				
Cell Biology				
Molecular Biology				
Parasitology				
Pathogenic Microbiology				
Virology				
Biotechnology				
Medical Terminology				
Physics				

Science GPA (approximate) =	
Overall College GPA (approximate) =	