UPMC TRINITY MEDICAL LABORATORY SCIENCE
STUDENT APPLICATION FORM

Personal Information:

NAME _____
LAST FIRST MIDDLE

MAIDEN NAME IF APPLICABLE _____

EMAIL ADDRESS _____

ADDRESS WHILE IN SCHOOL _____
_____
_____
_____

PRIMARY PHONE _____
ALTERNATE PHONE _____

HOME ADDRESS IF DIFFERENT THAN ABOVE _____
_____
_____
_____

CITIZENSHIP _____

FINAL OFFICIAL TRANSCRIPTS, IMMUNIZATION RECORDS, PROOF OF LIABILITY AND HEALTH INSURANCE, TB SCREEN/IGRA, NEGATIVE DRUG SCREEN AND BACKGROUND CHECK, PHYSICAL EXAM*, AND GENERAL HOSPITAL ORIENTATION WILL BE REQUIRED BEFORE BEGINNING THE PROGRAM. INITIALING HERE _____ INDICATES AN UNDERSTANDING OF THIS POLICY.

TECHNICAL STANDARDS/ESSENTIAL FUNCTIONS ARE FOUND ON THE WEB SITE. INITIALING HERE _____ INDICATES THAT YOU HAVE READ THIS POLICY AND ARE ABLE TO MEET THE REQUIREMENTS.

Academic Information:

CURRENT UNIVERSITY ATTENDING:
NAME & ADDRESS OF SCHOOL _____ ANTICIPATED GRADUATION DATE:
_____ _____
_____
_____

CURRENT CUMULATIVE GPA _____

LIST COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:

NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____

LIST COURSES YOU PLAN ON TAKING TO FULFILL REQUIREMENTS:

NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____
NAME _____ CREDITS ____

LIST OTHER POST-SECONDARY
EDUCATION IF APPLICABLE:

DATE FROM _____ TO _____
NAME & ADDRESS OF SCHOOL _____
_____
_____

MAJOR _____ DEGREE OR DIPLOMA _____

DATE FROM _____ TO _____
NAME & ADDRESS OF SCHOOL _____
_____
_____

MAJOR _____ DEGREE OR DIPLOMA _____
_____

LIST ALL EXTRA-CURRICULAR ACTIVITIES, SCHOLARSHIPS, AND HONORS RECEIVED WHILE IN COLLEGE:

_____
_____
_____
_____
_____
_____

References:

LIST THREE (3) REFERENCES FROM WHOM TRINITY SHOULD EXPECT LETTERS OF RECOMMENDATION:

_____
_____
_____

Forms are found as a separate attachment. They can be e-mailed to PD or mailed by USPS.

DESCRIBE YOUR INTEREST IN MEDICAL LABORATORY SCIENCE, WHY YOU SHOULD BE ACCEPTED INTO THE TRINITY HEALTH SYSTEM MLS PROGRAM, AND YOUR GOALS UPON GRADUATION:

_____
_____
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**UPMC Trinity will provide the resources necessary for the TB screen/test, background check, drug screen, required immunizations/titers and physical exam. Students will be given ample time to complete this requirement before beginning the Professional Year of Study. Liability and health insurances are the responsibility of the student and MUST be confirmed before classes begin.*

UPMC Trinity Medical Laboratory Science Program does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, or disability in the admission of students. The school provides *reasonable* accommodations to students with disabilities. Those students are required to inform the program director immediately upon admission as to the nature of the disability.

I certify that the above information is correct to the best of my knowledge. I understand that any false information on this application or during my interview or discovered at a later date, may result in revocation of admission/dismissal from the program. ***In compliance with the Family Educational Rights and Privacy Act of 1974, I waive my right to the confidentiality of the admission requirements, transcripts, and evaluations submitted to the Admissions Committee for assessment*** **(PLEASE INITIAL HERE _____)**. *I recognize that acceptance into the program is contingent upon meeting all requirements and pre-requisites prior to the start date, and failure to successfully complete them may result in forfeiture of placement. I understand that if placed at UPMC Trinity for the Professional Year of Study, I am subject to follow all rules, regulations, and policies of the laboratory and the health system.*

SIGNATURE_____ DATE_____

PRINTED NAME _____

COMPLETED APPLICATION, 3 LETTERS OF RECOMMENDATION, INTERVIEW REQUEST FORM, AND OFFICIAL TRANSCRIPTS FROM *ALL* COLLEGES ATTENDED, ARE DUE BY DECEMBER 1 FOR THE CLASS THAT BEGINS THE FOLLOWING AUGUST. EXCEPTIONS TO THIS TIMELINE MAY BE MADE BY CONTACTING THE PROGRAM DIRECTOR.

Constance L. Moore, MEd, MLS (ASCP)^{CM}
Program Director
UPMC Trinity MLS Program
4000 Johnson Road
Steubenville, OH 43952
740-264-8447 (phone)
740-264-8649 (fax)

(PLEASE CONFIRM THAT THE ABOVE DOCUMENTS HAVE BEEN SENT IF USING USPS, BY EMAILING TO THE ADDRESS BELOW)

PLEASE MAIL BY USPS TO THE ABOVE ADDRESS OR SUBMIT ONLINE TO:
moorecl6@upmc.edu

UPMC Trinity Medical Laboratory Science Program is fully accredited with the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Successful students are eligible to take the American Society for Clinical Pathology Board of Certification Exam or American Medical Technologists Exam. Graduation, attrition, employment, and examination pass rates are posted on the program website. More information may be obtained at www.naacls.org or by correspondence with NAACLS, 5600 N. River Rd., Suite 720, Rosemont, IL 60018, 773-714-8880. More information on the certification process can be found at www.ASCP.org and https://americanmedtech.org

** Interviews will be held ONLY after all required documents have been received by the Program Director. Please indicate your availability for interviews by completing the "Interview Request Form".