

## UPMC Chautauqua Medical Laboratory Science Program

207 Foote Avenue

Jamestown, NY 14702-0840

716-664-8484 harmsmg@upmc.edu

### Applicant Checklist:

- ☐ My application is ready to USPS mail:
  - ☐ completed all parts of this application form.
  - ☐ included the completed transcript evaluation form
  - ☐ double-checked accuracy and legibility of reference contact information.
- ☐ I have ordered all college transcripts to be sent

## Application for Admission

**Notice to Applicant:** We are pleased at your interest in attending our laboratory preceptorship program in medical laboratory science. For this application, please read all instructions carefully and complete all sections in their entirety as directed. Failure to complete the form fully may result in its refusal or in delays if it is returned for completion. It is highly recommended you have someone proofread your application for accuracy and legibility. In our efforts to efficiently process your application please make sure all required materials are received in a timely manner. International students must refer to our website for information on additional application requirements.

Please print

Name: _____		
(Last Name)	(First Name)	(Middle Name or Initial)
College ID # (if applicable) _____		
Current Address: _____		Telephone: (____) _____
(your school residence, if applicable)		Street Address
City / State / Zip Code		Email: * _____
*NOTE: All communications will be sent electronically via e-mail.		
*NOTE: Unless communicated otherwise, the permanent address will be used for any USPS mailings.		
Permanent Address: * _____		Telephone: (____) _____
(your hometown residence)		Street Address
City / State / Zip Code		circle: cell phone / land-line
American Citizen: ____YES ____NO If NO, you must visit our website for a list of additional required documents that must be submitted with this application.		

**Education:** List *ALL* previous and current institutions, even if not part of your current major. If necessary, attach an additional sheet.

High School _____	Graduation (mm/yyyy) _____
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College / University	Major & Minor Areas of Study	Dates Attended (mm/yy – mm/yy)	Graduation Date	Degree

Official transcript(s) (electronic or USPS) must be sent from *ALL* colleges/universities you attended.

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Answer each of the following. If you respond "NO" for any statement, review admissions information on our website before continuing this application:

\_\_\_\_YES \_\_\_\_NO My current GPAs meet/exceed the minimums required to apply: Overall  $\geq 2.5$ , Biology  $\geq 2.5$ , Chemistry  $\geq 2.3$  and I have included my completed "*transcript evaluation*" form (printed from website) with this application.

\_\_\_\_YES \_\_\_\_NO For the undergraduate: I understand any grade less than a "C" (C- or below) in my junior (for 3+1) or senior (for 4+1) year must be repeated prior to the start of the program year.

For the post-graduate: For any required course, I understand any grade less than a "C" (C- or below) and/or if it was taken over 7 years ago it must be repeated prior to the start of the program year.

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If you are applying while you are an undergraduate, please provide the following:

Degree-granting College / University: \_\_\_\_\_  
(Include this college/university in above chart, noting date of expected graduation and degree to be received)

Academic Advisor: \_\_\_\_\_ / \_\_\_\_\_  
Name & Title Department/Division

Contact Information: (\_\_\_\_) \_\_\_\_\_  
Phone number E-mail address

List any classes you are currently enrolled in and/or those you plan to enroll in for the next semester(s).

Current/upcoming (Fall) semester

Final (Spring) semester

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☐ YES ☐ NO Have you ever been dismissed from college for disciplinary reasons?

☐ YES ☐ NO Have you ever been convicted of a criminal offense, plead guilty or *nolo contendere*, court-martialed from the military, had a sentence suspended or withheld adjudication and/or have been convicted of a misdemeanor and/or violation (excluding traffic-related violations unless drug or alcohol related) except those convictions sealed, expunged or set-aside under Federal or State law?

If answered YES to either of the above, explain (attach a separate letter if needed): \_\_\_\_\_

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### Work Experience:

Please supply the information related to your three most recent employers.

Employer (Name, Address) & Contact Person (Supervisor, phone/email)	Position & Duties	Dates of Employment

**Health Care Profession:** Are you certified in any health care profession(s) (i.e. MLT, EMT, Phlebotomy)? ☐ YES ☐ NO

If YES, list type(s), date(s) certified, and certification number(s)

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**Military Service:** Branch of US Military: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Positions/duties: \_\_\_\_\_ Discharge Rank: \_\_\_\_\_

Specialized clinical training, citations or rewards received: \_\_\_\_\_

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**References:** Carefully and legibly list your references below. Include two (2) references from college science instructors and one (1) from an employer or non-family personal reference. Each reference will be contacted, **via e-mail**, to complete an electronic reference form.

\*Note: by listing each reference, you are waiving your right to view the submitted form and its contents. Contact the Program Director for instructions should you decide to not waive these rights (source: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended).

**College/University Science Instructor References:**

Name/title: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Name/title: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**Employer/Personal Reference (or 3<sup>rd</sup> Science Instructor):**

Name/title: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**Volunteer Experience and Extracurricular Activities:**

**Volunteerism:** Please use the space below to describe volunteer experience (include location & date), if applicable. Use the open space below if more room is needed.

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**Extracurricular activities and hobbies:** Please use the space below to describe your interests/hobbies/activities, other than academics, you enjoy.

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**Technical Standards/Essential Functions:**

Carefully read and sign. Should you be unable to meet any requirement, contact the Program Director to verify program eligibility.

A student must possess the following skills and abilities to accomplish the essential requirements of the hospital-based program either with or without reasonable accommodations. An applicant must attest his/her personal capabilities to meet these standards; utilization of a proxy or intermediary is not permitted.

**Communication standards:**

- a. In Standard English, read, comprehend and interpret technical, instructional, professional and informational materials in printed text, hand-written, and video-based presentation utilizing a variety of platforms, including textbooks, journals, procedure manuals, and computer graphics.
- b. Follow verbal and written instructions, and record/report information and results legibly and accurately.
- c. Utilize verbal, written and social communication skills, to effectively and concisely interact with patients, physicians, health care providers, hospital personnel, fellow students, instructors and coworkers through both direct and indirect contact with clarity.

**Visual acuity and psychomotor standards:**

- a. Visual acuity necessary to discriminate color, intensity, fine details and characteristics with or without visual aid. Quickly read and interpret written signs, fine print and video displays, and accurately estimate depth and distance.
- b. Auditory acuity necessary to safely interact and react in a noisy environment with or without aid-able hearing.
- c. Employ fine motor skills and coordination necessary to perform the intricate manipulations and repetitive tasks required to handle and utilize laboratory equipment, reagents, and patient specimens with speed and accuracy without compromising the safety of self and others.
- d. Ability to move safely within the hospital and laboratory environments, reaching benchtops, shelves, and patients in hospital beds or seated in a collection chair, lifting and carrying moderately heavy objects, and sitting, standing, or walking for extended periods of time.

**Intellectual and cognitive standards:**

- a. Utilize cognitive abilities and interpretive skills to analyze, apply, calculate, interpret, problem solve, and exercise sound judgement.
- b. Demonstrate independent judgement and critical thinking skills, including asking productive questions.
- c. Prioritize and complete tasks safely and efficiently in the time allotted with full comprehension of required processes and conditions.
- d. Complete assignments independently or with a team as directed, including participating in classroom discussion, team problem-solving, research projects, and oral/written presentations.

**Behavioral and ethical standards:**

- a. Adhere to strict policies related to patient confidentiality, academic honesty and professional code of ethics in all actions, conduct and required work.
- b. Recognize potential hazards and comply with the rules, policies and guidelines for laboratory and hospital safety related to working with sharp objects, potentially hazardous chemicals and infectious materials without incurring injury to self or other.
- c. Demonstrate personal responsibility to maintain emotional, mental and physical health.
- d. Possess the mental and emotional health to effectively tolerate, adapt and function within the stresses of the hospital and laboratory environment, responding with a professional attitude to everyday workplace stresses, including emergency situations, time constraints, noises, smells, various distractions, and encounters with incorrigible individuals.
- e. Be ethical, honest, and compassionate. Willingly take responsibility for one's actions and be forthcoming about errors or areas of inadequacy. Critically evaluate one's own performance and accept constructive criticism as a mode of professional and personal growth. Respectfully interact with peers, faculty, health care members, patients and the public with compassion and understanding of diverse persons and personalities.

I, \_\_\_\_\_ (print name) attest that I have read and understand the technical prerequisites of the UPMC Chautauqua Medical Laboratory Science Program, and affirm that I am prepared to meet these standards with or without reasonable accommodations.

Print full name

Signature

date

Why have you selected Medical Laboratory Science as your career choice?

We like to give applicants an opportunity to explain grades of B- (2.7) or less. Provide an explanation for 1 or 2 of these courses, if applicable.

**Essay#3:** In your *own words and handwriting*, briefly explain in the space provided below.

Explain how you approach a new topic that is difficult to understand.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

All applicants:

**Required Attestation:** Please read the following and sign to indicate your understanding; contact the program with any questions prior to signing.

I understand that UPMC Chautauqua MLS Program follows the same policy for students as utilized by UPMC for employment: "It is our policy to provide equal employment opportunities (EEO) according to job qualifications without discrimination on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender expression, gender identity, or marital, familial, or disability status or status as a protected Veteran or any other legally protected group status."

I consent to complete a pre-entry medical/health clearance and such future examinations as may be required by the hospital. I hereby authorize investigation of all statements submitted in this application, including consulting other institutions and persons in order to verify any information or obtain information which may be pertinent to the evaluation of my application.

I certify that all submitted statements are true and further understand that any misrepresentation or intentional omission will be sufficient cause for my application rejection or my immediate dismissal from the program.

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

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*Undergraduates:*

**Required Attestation:** Please read the following and sign to indicate your commitment; contact the program with any questions prior to signing.

I understand that if I am accepted into the UPMC Chautauqua Medical Laboratory Science Program, I may lose my position in the upcoming program year if I receive any grade less than a "C" (C- or below) and if I fail to maintain the minimum GPA requirements (Overall  $\geq 2.5$ , Biology  $\geq 2.5$ , Chemistry  $\geq 2.3$ ) the year preceding the start of the program.

I have verified the necessary coursework and graduation requirements for my degree at my college/university and I will receive my baccalaureate degree upon successful completion of the clinical program year.

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

## UPMC Chautauqua Medical Laboratory Science Program

**Mailing address:**  
207 Foote Avenue  
Jamestown, NY 14702-0840

*Physical address:*  
51 Glasgow Avenue  
Jamestown, NY 14702-0840