

Beaumont

SCHOOL OF MEDICAL LABORATORY SCIENCE
Department of Clinical Pathology, Beaumont Hospital - Royal Oak

Technologist Program Application 2022-2023

The Beaumont Health School of Medical Laboratory Science is an equal opportunity employer and complies with the letter and spirit of federal and state laws which prohibit discrimination based on race, creed, color, religion, national origin, age, sex, marital status, weight, height, handicap, physical or mental impairment or political persuasion. We assure you that your application and information will be treated confidentially.

Technologist Program you are apply to:	<input type="checkbox"/> Auto-Technical (Chemistry/Hematology) <input type="checkbox"/> Microbiology	Social Security Number: <i>(the last 5 digits only)</i>			
Name:					
	(Last)	(First)	(Middle)		
Current Address:					
	(Street)	(Apt)	(City) (State) (Zip)		
Current Phone: ()		Current E-Mail Address:			
Permanent Address:					
	(Street)	(Apt)	(City) (State) (Zip)		
Permanent Phone: ()		Cell Phone: ()			
1. Are you 18 years of age or older?					
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Are you a citizen of the United States?					
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. If "No" to question 2 above, are you legally authorized to work & remain in the United States permanently?					
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. If "No" to question 2 above, Visa/Passport Number: (Attach a copy of your Visa to this application)					
Note: Hospital-based Medical Laboratory Science Programs are not approved to provide sponsorship for foreign students needing a 'student visa' or immigration through employment.					
LIST ALL Colleges/Universities attended:					
Dates		Institution/Location	Major	Degree	Graduation Date
From	To				
Has your education been continuous other than for vacations?					Yes <input type="checkbox"/> No <input type="checkbox"/>

If "No", for any period you were not officially enrolled as a student attach separate sheet & describe your activities &/or employment.

LIST work experience:

Dates		Employer	Title/Responsibilities	Hours/Week
From	To			

LIST your volunteer experiences, health care related services/activities, educational/professional memberships & affiliations (include any office held):

Dates		Organization/Responsibilities/ Office Held	Hours/Week
From	To		

Provide the following additional Background Information:

Have you ever been convicted of a criminal offense (other than minor traffic violation)? Yes No

If "Yes", What type of criminal offense? Misdemeanor Felony

If "Yes", attach separate sheet & explain (include dates charged, penalties and current disposition)

NOTE: Convictions are NOT an automatic disqualification for acceptance into a Medical Laboratory Science Program.

Have you ever been suspended or discharged from employment? If Yes, attach separate sheet & explain. Yes No

Have you ever been discharged or suspended from an educational program (including one to meet any certification requirement)? If Yes, explain on a separate sheet. Yes No

Have you ever been subject to disciplinary action in an educational program (including one to meet any certification requirement)? If Yes explain on a separate sheet. Yes No

Has there ever been any action/complaint taken against your license in any state? If Yes, attach separate sheet & explain. Yes No

Have you ever been sanctioned (probation excluded, suspended), been required to pay a fine or penalty, or have you ever been or are currently under investigation by a state, federal or other regulatory authority? Yes No

MILITARY SERVICE:

On separate sheet, describe specialized training applicable to hospital/clinical laboratory science environment.

Branch of Military Service:	Dates Served:	Discharge Rank:

Citations/Awards Received:	
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STATEMENT OF ACKNOWLEDGEMENT

READ THE FOLLOWING STATEMENTS BEFORE COMPLETING, DATING AND SIGNING

Individuals enrolled in a Technologist Program must possess the essential functions outlined in the *Essential Functions / Technical Performance Standards* document provided with this application and described below from the NAACLS accrediting agency.

“Specific academic standards and essential functions required for admission to the program shall be clearly defined, published, and provided to prospective students. There shall be a procedure for determining that the applicants’ or students’ health will permit them to meet the written essential functions of the program.”

(Taken from: The Essentials of Accredited Educational Programs for the Clinical Laboratory Scientist/Medical Technologist, published by the National Accrediting Agency for Clinical Laboratory Sciences, copyright 2013)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have read the Essential Functions/Technical Performance Standards.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I can perform all of the Essential Functions/Technical Performance Standards with or without reasonable accommodations.

I certify that the facts set forth in my Application and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application will result in immediate discharge at any time thereafter should I be accepted into a Technologist training program. I also consent to and authorize the Beaumont Medical Laboratory Science Program to contact former and current employers, educational institutions, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also understand that the Technologist Program may, in its sole discretion, conduct a criminal history check. I hereby consent to having a post-offer physical to include mandatory immunization shots, and/or mental examination(s) and/or test(s) including signing a consent form for drug and nicotine testing conducted by a physician or other professional and understand that any offer of a position in a Technologist Program is conditioned upon the results of this examination(s) and/or test(s).

Applicant’s Signature: (typewritten signature will imply written confirmation)	Date:
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REQUIREMENTS

With this application form you must submit:

1. Personal Statements (typed or written). **See below.**
2. Official Transcripts for all institutions you attended.
3. Academic Course Plan – with all courses completed and in-progress clearly indicated.

IMPORTANT NOTE:

All courses listed under the Medical Laboratory Science section of the Academic Course Plan **must be successfully completed before the program start date.**

4. Letters of Recommendation – Faculty and Employer (to be submitted by recommenders).
5. Copy of Passport or Visa if not a U.S. Citizen.
6. Foreign transcript evaluation if applicable. (See U.S. Procedures for Examination and Certification booklet obtained on the ASCP BOC website for recommended evaluation agencies).

NOTE: It is recommended you submit the application 2-3 months prior to the program start date to ensure a timely response for interview date/time. Interviews will be granted even if all recommendation forms have not yet been received.

Personal Statements

ADDITIONAL Application Requirement:

Please submit a written response (handwritten or typed), in your own words, to the following **Personal Statements:**

- 1) How did you learn about this program?
- 2) Describe your reasons for desiring a career in Clinical Microbiology or Clinical Chemistry. Include how and when you made the decision.
- 3) Describe your personal characteristics that would support your selection into this program.
- 4) Describe your study techniques.
- 5) Describe prior work experiences that would contribute to your success in this program.
- 6) Describe your future plans in the medical laboratory profession if admitted to this program.
- 7) Describe a difficult situation in your life. How did you handle it and how has it changed you?
- 8) List and describe **key** laboratory bench skills you learned in your university biochemistry, microbiology, molecular biology and/or advance biology classes that would support you application to this program.
- 9) List and describe **clinical laboratory** bench skills you learned in any CLS/CDS/MLS courses, if completed prior to this application.