

# Beaumont

## SCHOOL OF MEDICAL LABORATORY SCIENCE

### Student Application Form (44-Week Program) 2021

Updated: 5/24/21

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

READ THE FOLLOWING STATEMENTS BEFORE COMPLETING, DATING AND SIGNING

Individuals enrolled in a Medical Laboratory Science Program must possess the **Technical Performance Standards/Essential Functions** as outlined in the attachment provided with this application.

“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 ☐No ☐I have read the **Technical Performance Standards/Essential Functions**.Yes ☐No ☐I can perform all of the **Technical Performance Standards/Essential Functions** 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 Medical Laboratory Science Program. I also consent to and authorize the 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 Medical Laboratory Science 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 Medical Laboratory Science Program is conditioned upon the results of this examination(s) and/or test(s).

**Applicant's Signature:**

(unsigned applications will not be accepted)

Date:

**Please answer the additional personal statements  
listed on the next page.**

## Beaumont Health – School of Medical Laboratory Science

### 44-Week Program Information & Applicant Personal Statements

#### Administrative Support & Questions:

Heidi Gorske, B.A.

E-Mail: [Heidi.Gorske@beaumont.org](mailto:Heidi.Gorske@beaumont.org)

Phone: 248-551-8010

#### Program Director:

Nancy Ramirez, MS, MLS(ASCP)<sup>CM</sup> SH<sup>CM</sup>

Education Programs Manager, Clinical Pathology

Program Director, School of Medical Laboratory Science

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Beaumont Health website: [www.beaumont.org](http://www.beaumont.org)

Program website: [www.beaumontlaboratory.com](http://www.beaumontlaboratory.com) > **About Us** > **Education**

#### **ADDITIONAL Application Requirements:**

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

- 1) Describe your reasons for seeking a career in Medical Laboratory Science. Include how and when you learned about this program.
- 2) Describe your personal characteristics that would support your selection into this program.
- 3) Describe your study techniques.
- 4) Describe prior work experiences that would contribute to your success in this program.
- 5) Describe how you have balanced school/work/home life commitments to date.
- 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) Please list and describe **key** laboratory bench skills you learned in your university biochemistry, molecular biology and/or advanced biology classes that would support your application to this program.
- 9) Please list and describe **clinical laboratory** bench skills you learned in any CLS/MLS courses, if applicable.