Medical Laboratory Science Program
Application Instructions

The application process involves submission of a packet of materials. These materials will be evaluated by the HCMC Lab Education Team and students who meet eligibility requirements will be offered interviews for the available seats. Students are selected using a point system based on information contained in the application, GPA, biographical sketch, and the interview.

APPLICATION PACKET CHECKLIST

- Hennepin Healthcare clinical laboratory tour completed. *(see instructions below)*
- Read Instructions carefully *(pages 1-2)*
- Complete application form *(pages 3-4)*
- Review Technical Standards *(pages 5-6)*
- Complete Signature page *(page 7)*
- Include application fee ($50.00 made out to “Hennepin Healthcare MLS Program”)
- Include biographical sketch *(see instructions below)*
- Request 2 Letters of Recommendation *(use pages 8-10 – Letter of Recommendation form)*
- Request transcripts from all colleges attended *(see instructions below)*

APPLICATION PACKET INSTRUCTIONS

1. Hennepin Healthcare clinical laboratory tour is required. Students may tour up to one year prior to applying. Please contact the Hennepin Healthcare MLS Program Director for scheduling.

2. All pages of application must be filled out completely.

3. Official transcripts from ALL universities and/or colleges attended. This includes college work completed in high school. Cumulative and science GPA must be 2.6 or higher to be eligible.

4. $50.00 application fee. Checks can be made payable to “Hennepin Healthcare MLS Program.”

5. Biographical sketch must be included. Prepare and attach a brief biographical sketch that includes your reasons for wanting to enter the field of medical laboratory science, your goals, what you feel you can contribute to the profession, what personal positive/negative qualities you feel would be an asset/detriment to you in this profession, and what reservations, if any, you have about to the profession. (maximum - 400 words).

6. Signature form. Must be signed by the student and the University Program Director acknowledging and agreeing to the 4 statements found on that page.

7. Two or three recommendation forms must be completed by individuals at the affiliated university including science professor(s) and the MLS/CLS/MT Program Director. Distribute the Letter of Recommendation form at the end of the
application. Ask that they be mailed or emailed directly to the Hennepin Healthcare MLS Program Director at the address on the bottom of the page.

APPLICATION ROUNDS

The application process will occur in a single round with the possibility of a second round occurring in the unlikely event that seats are not filled during Round 1. Round 1 applications are accepted in the early fall of each year for the following years fall and spring starts to the program. If not all of the spring start seats are filled, a second round of applications may be accepted. If this will occur, notice will be provided to affiliated University Program Directors.

Round 1

1. **Hennepin Healthcare clinical laboratory tour is required.** Tours must be completed by **October 1.** No tours will be scheduled after that date. Students may tour up to one year prior to applying. Please contact the Hennepin Healthcare MLS Program Director for scheduling.

2. Complete application packet with application materials must be received by **October 15th**

Round 2 *(For Spring start only)*

1. **Hennepin Healthcare clinical laboratory tour is required.** Tours must be completed by **March 15.** No tours will be scheduled after that date. Students may tour up to one year prior to applying. Please contact the Hennepin Healthcare MLS Program Director for scheduling.

2. Complete application packet with application materials must be received by **March 15th**

*It is the student’s responsibility to check with their Universities financial aid office to determine what effects a January start would have on financial aid eligibility.*

If all of the prior information is not included in your application or received by the due date indicated for that round of applications, the application will be considered incomplete. It will be your responsibility to follow-up with recommendation forms and official transcripts. You will not be notified if pieces of your application are missing.

Return applications, recommendation forms, and transcripts to:

Lynn Poth, MS, MT (ASCP)
MLS Program Director
Clinical Laboratories
HCMP
701 Park Avenue, P4
Minneapolis, MN  55415

Revision date: January, 2020
Application for Admission to the Hennepin Healthcare MLS Program

Please type or print clearly

Application Type:  □ Round 1 – due October 15  □ Round 2 – due March 15 Date:______________________

Round 1 applicants only - Rank preferences for program start:  Select one box for each potential start date

Fall start  □ 1st choice  □ 2nd choice  Spring start  □ 1st choice  □ 2nd choice

Applicant Information

Name ____________________________________________

(last) (first) (middle) (former, if any appear on records)

*Provide information that will allow us to contact you over the next six months.

Address: ____________________________________________________________

(street) (city/state) (zip code)

Home phone: (_____) ____________________ Social security number: ***-**-______ (Last 4 digits only)

Cell phone: (_____) ____________________ Email address:______________________________

Qualifications

1.  Education: Contact all of the academic institutions you have attended and request that your official transcripts be sent directly to the Program Director (name/address at end of application).

<table>
<thead>
<tr>
<th>Name and location of institution</th>
<th>Dates attended (From – To)</th>
<th>Quarter or semester hours completed</th>
<th>Major, degree, or certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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</table>

2.  Coursework: List course number of classes and indicate whether each class is Completed (C), In Progress (I), or Planned (P). Courses with an asterisk (*) are required for admission to the program.

<table>
<thead>
<tr>
<th>Biology</th>
<th>Chemistry/Math</th>
<th>Related Electives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
<td>Course #</td>
<td>Course Title</td>
</tr>
<tr>
<td>C/V</td>
<td>P/V</td>
<td>C/V</td>
</tr>
<tr>
<td>*General Biology</td>
<td></td>
<td>Chemistry</td>
</tr>
<tr>
<td>*Microbiology</td>
<td></td>
<td>*General Chemistry</td>
</tr>
<tr>
<td>Med/Path Micro</td>
<td></td>
<td>*Biochemistry</td>
</tr>
<tr>
<td>*Hematology</td>
<td></td>
<td>*Organic Chemistry</td>
</tr>
<tr>
<td>*Immunology</td>
<td></td>
<td>Instrumentation</td>
</tr>
<tr>
<td>Parasitology</td>
<td></td>
<td>Other (specify)</td>
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<tr>
<td>*Anatomy/Physiology</td>
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<tr>
<td>Virology</td>
<td></td>
<td>Math (specify)</td>
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<td>Mycology</td>
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<tr>
<td>*Genetics/Molecular</td>
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<tr>
<td>*Immunohematology</td>
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</table>

Cumulative grade point average: ________  Science grade point average: ________

Revision date: January, 2020

3
3. Clinical Laboratory Experience:
   a. Have you had any previous clinical laboratory experience? Yes ☐ No ☐
      If yes, where? ______________________ When? ______________________
      What capacity? ______________________
   b. Have you ever been enrolled in a hospital medical laboratory (MLS/CLS/MT) program? Yes ☐ No ☐
      If yes, where? ______________________ When? ______________________

4. Work Experience: List previous work experience within the past four years

<table>
<thead>
<tr>
<th>Company</th>
<th>Position held</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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</tbody>
</table>

May we contact your previous employers? Yes ☐ No ☐

Letters of Recommendation

List the people to whom you have distributed the attached Letter of Recommendation forms. (At least two must come from the affiliated university: Required - your university MLS/CLS/MT Program Director plus a biology or chemistry professor who is familiar with your work.) References must be sealed or mailed by the person writing the reference.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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</tbody>
</table>

NOTICE: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C § 1232g; 34 CFR Part 99) specified that students have the right to inspect and review their education records including recommendations within 45 days of the date the Hennepin Healthcare MLS Program receives a request for access.

This law also permits you to sign a waiver relinquishing your right to inspect letters of recommendation. Your signature in the Applicants Waiver of Right to Inspect References box below this notice constitutes a waiver. No signature means you have the right to inspect the recommendations secured from the above references.

Applicants Waiver of right to inspect references:

Printed name ___________________________ Signature ___________________________ Date ____________

Finances

Are you prepared to meet the expenses of the program costs, as discussed in the program information? Yes ☐ No ☐

Information about program costs can be found on the program website. If you have completed your degree and/or will not be paying tuition to your university, a tuition payment schedule/contract will be provided for you to sign if you are accepted into the program.

Revision date: January, 2020
Technical Standards

Technical Standards represent the essential non-academic requirements of the program. Therefore all applicants would be expected to be able to do the following upon completion of the Program requirements:

1. Utilize a microscope to identify cells, structures, and organisms.
2. Perform phlebotomy skills.
3. Perform various pipetting techniques using:
   a. serological pipets  
   b. volumetric pipets  
   c. micropipettors  
   d. re-pipettors
4. Operate laboratory instruments and perform basic quality control and preventative maintenance on laboratory instruments.
5. Perform specified laboratory procedures that require manual dexterity.
7. Apply basic mathematical calculations to practical lab situations.
8. Read, understand, and perform laboratory testing from written procedures.
9. Distinguish color changes in cells and testing pads.
10. Follow Standard Precautions at all times to decrease risk to the individual.
11. Follow Safety Guidelines to protect the individual.
12. Communicate with patients.

The positions available in the field of medical laboratory science may require all combinations of the following physical, sensory, and environmental conditions:

Key:
- **Rare** = Less than once or twice per week
- **Occasional** = 0-2.5 hours per day
- **Frequent** = Total of 2.5-5.5 hours per day
- **Constant** = >5.5 hours per day

**RARE:**
- Exposure to radiation (Dependent upon type of procedures)
- Toxic/caustic chemical exposure
- Fumes/Odors/Noxious smells from various types of specimens

**OCCASIONAL:**
- Walking
- Climbing stairs
- Reaching below shoulder
- Simple grasping
- Carrying less than ten pounds
- Stooping/bending
- Far Vision (>20+ feet)
- Pushing/Pulling

**FREQUENTLY:**
- Standing
- Hand-arm controls
- Talking to co-workers or on telephone
- Finger dexterity
- Writing
- Sitting
- Static neck positions
- Hearing oral information over telephone
- Carrying negligible amounts of weight
- Fine manipulation

Revision date: January, 2020
CONSTANT:
Blood Borne Pathogen Exposure - Standard Precautions are followed to decrease risk and protect the employee.

Seeing
- Near Vision (Reading 20 inches or less)
- Depth Perception
- Color Vision

The following work situation factors may be present:
- Hygiene/appearance demands
- Possible shift work (dependent upon position)
- Customer/public contact
- Reading
- Writing
- Mathematics
- Weighing and/or measuring
- Attentiveness duration - maintaining alertness
- Attentiveness intensity - concentration
- Short term memory
- Long term memory
- Working under specific instructions (No independent action or judgement)
- Ability to problem solve
- Transferring knowledge to unique situations
- Directing, controlling, or planning activities of others
- Evaluating performance of others
- Performing multiple tasks concurrently
- Showing capacity for self-expression
- Working alone or apart, in physical isolation, from others
- Attaining precise set limits, tolerance, and standards (precision)
- Working under time constraints
- Perceive pertinent detail in objects, make visual comparisons and discriminations and see slight differences in shapes and shadings of figures.
- Observe differences in copy, proofread works and numbers, and avoid perceptual errors in arithmetic computation
Signature Form

1. I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this information is subject to verification.

2. I authorize the Program Director of the Hennepin Healthcare Medical Laboratory Science Program to verify my employment and academic history and release them from any liability in connection with this information.

3. I have read the Technical Standards (non-academic requirements) and fully understand them. Program representatives have answered any questions that I have concerning the standards and how they apply to me, to my satisfaction. It is my belief that I can satisfy each of the Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

4. I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

I, ________________________________, have read, understand, and agree to the 4 statements above.

(Print name)

________________________________________ DATE____________________

(Signature)

University MLS/CLS/MT Program Director's signature ________________________________
**Letter of Recommendation**

**NAME OF APPLICANT** __________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
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</thead>
</table>

How long have you known applicant? _____________________________________ (Minimum of 3 months)

What is your relationship to the student?
1. [ ] Instructor/Professor
2. [ ] Program Director

**INSTRUCTIONS:** Based on your knowledge of the applicant, select one response for each item by checking or filling in the circle. Please make comments on the final page or through an attached letter. (*Required*)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUNCTUALITY:</strong> Would be on time for classes, work, or other events.</td>
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<td><strong>INTEGRITY:</strong> Would report errors, check a result, assignment, or problem without being told to, etc...</td>
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<td><strong>ATTENTION TO RULES AND REGULATIONS:</strong> Follows rules without being reminded or prodded into doing so.</td>
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<td><strong>COMMUNICATION:</strong> Communicates well verbally and in writing.</td>
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<td><strong>INITIATIVE:</strong> Looks for things to do. Does extra reading. Tries to find solutions to problems. Shows leadership abilities.</td>
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<td><strong>EMOTIONAL MATURITY:</strong> Shows good judgement, is mature and self-reliant.</td>
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<tr>
<td><strong>RESPONSIBILITY:</strong> Accepts responsibility. Completes assigned tasks on time. Is orderly and neat.</td>
<td>○</td>
<td>○</td>
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<tr>
<td><strong>ABILITY TO FOLLOW INSTRUCTIONS AT WORK OR SCHOOL:</strong> Listens to or reads instructions carefully. Good attention to detail.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td><strong>QUALITY OF WORK AREA, RECORDS, OR REPORTS:</strong> Work area is orderly and uncluttered. Records are neat, legible, and understandable. Reports are neat and correctly written.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td><strong>ORGANIZATION IN LAB WORK, ASSIGNMENTS, OR CUSTOMER RELATIONSHIPS:</strong> Very efficient and well organized.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>SPEED IN COMPLETION OF WORK TASKS, LAB WORK, OR ASSIGNMENTS:</strong> Works quickly without loss of accuracy.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>QUALITY OF WORK WITH CONSIDERATION TO NEATNESS AND ACCURACY REGARDLESS OF VOLUME:</strong> Work is accurate and complete with no spoilage or waste.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td><strong>COOPERATION AND ATTITUDE TOWARD WORK, OTHER STUDENTS, AND EMPLOYERS:</strong> Shows ability to work with others. Goes out of the way to cooperate. Does not have to be asked. Adapts to situations cheerfully. Thoughtful of others.</td>
<td>○</td>
<td>○</td>
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<tr>
<td><strong>DEPENDABILITY:</strong> 100% dependable on the job and conscientious. Can be trusted to work alone without supervision.</td>
<td>○</td>
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<tr>
<td>PHYSICAL DEXTERITY (Especially hands): Markedly agile with good control</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

While the following categories will not be applicable for evaluation by all persons completing this form, if you have observed the student in any of the following capacities, it would be beneficial for us to review your comments.

| ABILITY TO WORK UNDER PRESSURE: Works carefully and calmly in an organized manner. | ○ | ○ | ○ | ○ | ○ |
| JOB KNOWLEDGE AND VERSATILITY: Thorough grasp of the job and more. Able to work out own problems that arise. | ○ | ○ | ○ | ○ | ○ |
| REACTION TO UNPLEASANT SITUATIONS: Actively seeks solutions. | ○ | ○ | ○ | ○ | ○ |

**COMMENTS**: *(Required – if more space is needed, please attach a separate page)*

________________________________________________________________________________________________________

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EVALUATED BY:

Printed name __________________________ Title __________________________ Phone number __________________________

Place of Employment __________________________ Department __________________________

Signature __________________________ Date __________________________