Medical Laboratory Technician Program Application
Iowa Central Community College
Medical Laboratory Technician Application

Application deadline is April 1, 2014
Please complete all information. Please type or print clearly using black ink only.
Please return completed application to:
Iowa Central Community College
Attn: Stacy Mentzer- MLT Coordinator
One Triton Circle
Fort Dodge, Iowa 50501

Social Security Number ______-______-_______

Name
________________________ __________________________ __________
Last First Middle Maiden

Address
________________________ __________________________ __________
Street City State Zip

Home Phone ( ____ ) _____-________         Alternate Phone ( ____ ) ____-_______

*Students will be notified no later than April 1, 2010 of their status in the program

High School(s) __________________________________________________________
Graduation Date (Month/Year)_________________________ Cumulative GPA_______
GED Test Date (Month/Year) _________________________  GED Test Score _______

*Please include a copy of either your high school transcripts or GED Scores.
An official transcript will be required upon acceptance into the program.

Post-Secondary Education

________________________ __________________________ __________
College State Dates Attended Degree(s) earned

________________________ __________________________ __________
College State Dates Attended Degree(s) earned

________________________ __________________________ __________
College State Dates Attended Degree(s) earned

________________________ __________________________ __________
College State Dates Attended Degree(s) earned

*Please include an unofficial/copy of transcripts from all colleges attended.
An official transcript will be required upon acceptance into the program.
Minimum Requirements for Application
The following criteria are required for admission into the Iowa Central Medical Laboratory Technician program. If a student does not meet the requirements below he/she will not be considered for the program until they have completed specific college courses and/or re-taken the appropriate assessment test(s). Please contact the health science associate if you have questions regarding your status or to confirm assessment scores taken at Iowa Central.

High School Diploma/GED or Equivalent (Eight (8) hours of college credit with a 2.0 GPA)

<table>
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<th>Requirement</th>
<th>Score</th>
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<td>High School GPA</td>
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<tr>
<td>GED Scores</td>
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</table>

Assessment Scores

- ACT- Score of 18 or higher in Reading, English, and Math
- Compass- Score of 65 or above in writing, 80 in reading, and score of P39 or above in Pre-Algebra or A46 in Algebra
- Asset – Scores of 40 or higher

*Applicants must submit a copy of their ACT, SAT, or Compass test, unless taken at Iowa Central Community College (Asset/Compass only). Only one test is required, however applicants who have taken a test more than once, or have taken different tests, are encouraged to send in as many different tests as they would like. The highest scores from each category will always be used for evaluation.

Personal References
Students must have two references fill out the Personal Reference Form that is included in the application packet. References must not be friends or family members.

Clinical Travel
Students accepted into the program will be responsible for all expenses incurred while traveling to and from all clinical sites or classes.

Background Check
All students starting the Medical Laboratory Technician Program must complete a Criminal Record/Child and Adult Abuse Check prior to attending clinical. Background check forms will be distributed the spring before clinical. The cost of the background check is the responsibility of the student.

The Medical Laboratory Technician Program at Iowa Central Community College is a limited-enrollment program. All students interested in this exciting and challenging program are encouraged to apply.

Applicant’s Signature ___________________________ Date _____________
Please mark any of the courses below you have completed or are currently enrolled in, including the date.

1. **BIO – 168 Human Anatomy & Physiology I w/lab**
   - _____ Enrolled
   - Year Completed ______

2. **HSC 113 Medical Terminology**
   - _____ Enrolled
   - Year Completed ______

3. **BIO 173 Human Anatomy & Physiology II w/lab**
   - _____ Enrolled
   - Year Completed ______

4. **ENG 105 Composition I**
   - _____ Enrolled
   - Year Completed ______

5. **PSY 111 Introduction to Psychology OR PSY – 121 Developmental Psychology**
   - _____ Enrolled
   - Year Completed ______

6. **CHM 165 General Chemistry I**
   - _____ Enrolled
   - Year Completed ______

7. **BIO 186 Microbiology w/lab**
   - _____ Enrolled
   - Year Completed ______

Please include any other college level classes you have completed or are currently taking, including the date and grade received.

1. Course Name ________________________ Date Taken __________________ Grade _____

2. Course Name ________________________ Date Taken __________________ Grade _____

3. Course Name ________________________ Date Taken __________________ Grade _____

4. Course Name ________________________ Date Taken __________________ Grade _____

5. Course Name ________________________ Date Taken __________________ Grade _____

6. Course Name ________________________ Date Taken __________________ Grade _____

7. Course Name ________________________ Date Taken __________________ Grade _____

8. Course Name ________________________ Date Taken __________________ Grade _____

*If more room is needed, please attach another sheet of paper with the list of the classes you have taken.
Please enclose an official transcript if the above courses were completed at an institution other than Iowa Central Community College. If a transcript was previously sent to Iowa Central, please include an unofficial copy of the transcripts in this packet. No points will be awarded if we do not have documentation of the courses completed.
Program Mission:

The Medical Laboratory Technician Program provides a learning environment conducive to preparing students to function at entry level laboratory careers.

Program Goals:

A. Demonstrate entry level knowledge and skill in modern clinical laboratory science.
B. Collect and process biological specimens and perform analytical tests on body fluids, cells, and products.
C. Monitor quality control through understanding of basic laboratory statistics, recognize affected result, and take appropriate action.
D. Perform preventive and corrective maintenance of equipment and instruments or refer to appropriate sources for repairs.
E. Recognize the responsibilities of other laboratory and health care personnel and interact with them with respect for their position and patient care.
F. Relate laboratory finding to common disease processes.

Program Outcomes:

Upon completion of the program, the Medical Laboratory Technician shall be able to:

1. Demonstrate entry level knowledge and skill in modern clinical laboratory science.
2. Collect and process biological specimens and perform analytical tests on body fluids, cells, and products.
3. Monitor quality control through understanding of basic laboratory statistics, recognize affected result, and take appropriate actions.
4. Perform preventive and corrective maintenance of equipment and instruments or refer to appropriate sources for repairs.
5. Recognize the responsibilities of other laboratory and health care personnel and interact with them with respect for their position and patient care.
6. Relate laboratory findings to common disease processes.

The MLT program is accredited by the NAACLS,
National Accrediting Agency for Clinical Laboratory Science
5600 N River Road, Suite 720, Rosemont, IL 60018
Website: www.naacs.org
Iowa Central Community College
Health Related Work Experience Verification Form

*Please list all previous work experience you have had in the health field, beginning with the most recent.
**All areas on this form must be complete for each position held or you will not be given credit for your work/volunteer experience.

Dates of Employment: From _______________________   To___________________________
Month/year                                           Month/year

Name of Facility ______________________________ Total Hours Worked ______________

Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
____________________________________________________________________________

Dates of Employment: From _______________________   To___________________________
Month/year                                            Month/year

Name of Facility ______________________________ Total Hours Worked ______________

Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
____________________________________________________________________________

Dates of Employment: From _______________________   To___________________________
Month/year                                            Month/year

Name of Facility ______________________________ Total Hours Worked ______________

Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
____________________________________________________________________________


Personal Reference Form

Pursuant to Public Law 93-380, all letters of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.

The signature below constitutes a waiver of the applicant’s right of access to this recommendation should he/she be accepted into the Medical Laboratory Technician Program.

Signature__________________________________ Date ______________________

If not signed, this recommendation can be available to the applicant. Iowa Central Community College prohibits discrimination and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. Iowa Central Community College also affirms its commitment to providing equal opportunities and equal access to Iowa Central facilities. For additional information on nondiscrimination policies, contact the Special Populations Coordinator, (515) 574-1045, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501.

The applicant named below has requested admission to the Medical Laboratory Technician Program at Iowa Central Community College. Your response to this inquiry will assist the Admissions Committee in assessing the applicant. The program’s faculty believes these are important items to be considered along with other data in predicting the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant’s characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant’s name: ___________________________________

How long have you known the applicant? ________________

In what capacity do you know the applicant (supervisor, instructor, etc.)? ________________

Please complete the following table by marking the appropriate box

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Exceptional</th>
<th>above Average</th>
<th>average</th>
<th>below average</th>
<th>Poor-Below</th>
<th>Unable to Judge</th>
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<tbody>
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<td>Honesty</td>
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<td>Motivation</td>
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<td>Respect</td>
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<td>Constructive Criticism</td>
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<td>Judge</td>
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<td>Verbal/Written Skills</td>
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<td>Judge</td>
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<tr>
<td>Organizational Skills</td>
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<td>Judge</td>
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</tbody>
</table>

Attendance Reliability

Organizational Skills – Uses time wisely and prepares for upcoming events
Please feel free to make comments explaining selections made in the previous table, as well as present additional information you believe would be relevant to this applicant’s pursuit of admission.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please check one of the following categories that best describes your overall rating of the candidate:

________ Recommend with enthusiasm
________ Recommend with confidence
________ Recommend with reservations
________ Do not recommend

____________________________________              _________________________________
Name of Evaluator (Please Print)                                  Signature of Evaluator               (date)

____________________________________
Title/Position

____________________________________             ___________________________________
Address                                                                           Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
Attn: Stacy Mentzer – MLT Coordinator
One Triton Circle
Fort Dodge, Iowa 50501
Personal Reference Form

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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please check one of the following categories that best describes your overall rating of the candidate:

- [ ] Recommend with enthusiasm
- [ ] Recommend with confidence
- [ ] Recommend with reservations
- [ ] Do not recommend

Name of evaluator (Please Print)              Signature of Evaluator               (date)
____________________________________              _________________________________

Title/Position

____________________________________
Address                                                                           Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
Attn: Stacy Mentzer – MLT Coordinator
One Triton Circle
Fort Dodge, Iowa 50501
Iowa Central Community College  
Medical Laboratory Technician Program of Study  

(60 minute hour)

<table>
<thead>
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<th></th>
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<td>MLT-111 Fundamentals of Laboratory Science</td>
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<td>MLT-120 Urinalysis</td>
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<td>MLT-133 Erythrocyte Hematology</td>
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<td>MLT-171 Immunology &amp; Serology</td>
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<td>PSY-111 Introduction to Psychology or</td>
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<td>PSY-121 Developmental Psychology</td>
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