



## Shoreline Community College Medical Laboratory Technology

### Application 2010-2011 Professional Year

Application packet available **February 10<sup>th</sup>**  
online at <http://www.shoreline.edu/shoreline/medlablocal.html>

Application due date **May 10<sup>th</sup>**

Acceptance letters mailed **June 20th**

**A.A.A.S. in Medical Laboratory Technology**

Requires Shoreline General Education Core Requirements and Science pre-requisites

**Certificate of Proficiency in Medical Laboratory Technology**

Requires an Associate or Bachelor's Degree and Science pre-requisites

**DIRECTIONS:**

1. Submit **one complete packet** by the deadline.  
SCC – MLT Program  
16101 Greenwood Avenue N  
Shoreline, WA98133
2. Have official transcripts and verification of employment sent to YOU so you can include them with your submission.  
*a. Keep them sealed to maintain official status.*
3. All classes you wish us to consider must show on an official transcript as completed with a grade of 2.0 or higher **OR** show on a Registration receipt for the current or next quarter.

NOTE: MLT Program Planning Sheet and Course Equivalence Chart are provided online for your information.

➔ **The most competitive applicants will have the most courses completed at the time of submission.**

*Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, marital status, or disability.*

**DIRECTIONS:**

Complete all items listed below - **SUBMIT ALL REQUESTED ITEMS IN A SINGLE PACKET.**

MLT Applicant Name	
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<b>✓</b>	<b>Submit this checklist with MLT Program application.</b>
	<b>I attended MLT Program Information Meeting on _____ / _____ / _____</b>
	<b>Non-refundable check or money order for \$15.00</b> made payable to Shoreline Community College
	<b>Completed MLT Program Application form.</b>
	<b>Provide official transcripts of all</b> college work completed, including SCC. <i>Two (2) sets of official transcripts are required when course work has been completed at other colleges YOU must submit one transcript directly to SCC Admissions and one transcript with this application.</i>
	<b>Photocopy of COMPASS test scores</b> , if English and/or mathematic classes are not on a college transcript.
	<b>Proposed curriculum completion plan</b> , if applicable. <i>Explain how you plan to complete all required courses prior to Fall Quarter. If accepted to the program, you will need to supply an official transcript showing completion of all classes no later than September 10.</i>
	<b>Copy of Spring registration form</b> , if taking required classes during Spring of application period
	<b>Photocopies of current First Aid certificate and current Basic Life Support CPR card</b> , if you have those qualifications.
	<b>Signed Technical Standards/Essential Skills Requirements form</b> (page 10 of this application)
	<b>Submit two (2) Recommendation forms</b> – one should be from an instructor, the other can be another instructor, personal, or professional reference
	<b>Submit Employment Verification Form for healthcare-field work experience that you want considered for enrichment / bonus points.</b> <i>Forms must be completed by your employer. Include a copy of license, transcripts and/or certificates that support this work.</i>
	<b>Submit an Education Bonus Request, if applicable (Max 2 courses)</b> <i>Submit a written statement identifying course(s) that you took, when and where taken, and how the course(s) will contribute to your success in Medical Lab Technology.</i> <ul style="list-style-type: none"> <li>○ ONLY courses not required for the MLT Program will be considered.</li> <li>○ Official transcript(s) must be submitted showing the course(s) listed with a 2.0 or better grade.</li> </ul>
	<b>Upon acceptance you will be required to submit Criminal History background check.</b> Please note that if any record is found, you may be disqualified from entering the MLT Program.

\_\_\_\_\_  
Initial I understand that failure to complete or not submit requested items listed above will disqualify my application for the Medical Laboratory Technology Program.

\_\_\_\_\_  
Initial If accepted, I assume responsibility for providing all required materials to the MLT Program.  
I understand verification of completion of all prerequisite course work must be submitted by **Sept. 10, 2010**.  
I understand if I fail to do so, I will forfeit my place in the MLT program.

\_\_\_\_\_  
Initial I understand that the number of students accepted yearly into the Medical Laboratory Technology Program depends on the number of clinical training sites agreeing to train MLT students Spring / Fall quarters.

\_\_\_\_\_  
Initial I understand that there may be more students applying to the program than are clinical sites available.  
Acceptance is based on total points earned; scores will be totaled to rank students for an Alternate status.



SHORELINE COMMUNITY COLLEGE  
 APPLICATION for ADMISSION to the  
 MEDICAL LABORATORY TECHNOLOGY PROGRAM - 2010-2011

Student I.D. No.: 965 - -

Name: \_\_\_\_\_  
 Last Name First Name Initial Other Name(s) on Transcripts

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Apt No. Daytime Phone No.  
 \_\_\_\_\_  
 City State Zip Code

<b>I am applying for:</b>	<b>I have <input type="checkbox"/> Phlebotomy and/or <input type="checkbox"/> Lab Assistant experience of (check one)</b>
<input type="checkbox"/> A.A.A.S. Degree, MLT	<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> Certificate of Proficiency, MLT	<input type="checkbox"/> More than 6 months

1.  I have taken MLT 181 & 182 (180 or 197)       I plan to take MLT 181 & 182 this Spring  
 I have not taken MLT 180/197

2. Have you applied to Shoreline's MLT Program within the past two years?       Yes       No

3. Date of birth \_\_\_\_-\_\_\_\_-\_\_\_\_      Age \_\_\_\_\_      Gender:  1. Female       2. Male

4. Residency status:  1. US Citizen or immigrant       2. Resident alien       3. Student visa

**I have completed high school as follows:**  
 (check one)

1. Did not complete high school  
 2. Still in high school  
 3. High school graduate  
 4. GED  
 5. Alternative high school diploma

**I have completed college as follows:**  
 (check one)

0. Have not completed college  
 1. Short-term training, private vocational school or other  
 2. One-year certificate from a community college  
 3. Associate degree  
 4. Bachelor's degree  
 5. Master's degree  
 6. Doctorate or professional degree

**Please check one:**

<input type="checkbox"/> 1. White, Non-Hispanic	<input type="checkbox"/> 5. Filipino Asian
<input type="checkbox"/> 2. African American, Non-Hispanic	<input type="checkbox"/> 6. Chinese, East Indian, Japanese, and Korean
<input type="checkbox"/> 3. American Indian/Alaskan	<input type="checkbox"/> 7. Other Asian
<input type="checkbox"/> 4. Samoan, Southeast Asian, and Pacific Islander	<input type="checkbox"/> 8. Hispanic
	<input type="checkbox"/> 9. Other Ethnicity

Is English your first (native) language?       1. Yes       2. No

I certify that all statements on this application are complete and true. I also understand that If I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. No submitted materials will be returned and/or duplicated. I have enclosed the **\$15.00 non-refundable application** check fee.

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

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**MLT Program Application – Part A:  
General Education Core Requirements**

Applicant Name	
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Directions: Complete this form if:

- You are applying for an A.A.A.S. Degree in Medical Technology  
(If you are applying for a Certificate of Proficiency, you do not need to complete this.)

Indicate which courses you have taken, where, when and grade obtained. Indicate the school (abbrev.) where the course was taken and the course number shown on your transcript.

**All courses considered must have a grade of 2.0 or higher.**

If your grade is not shown as decimal on your transcript, we use the following:  
A=4.0, B=3.0, C=2.0, D or not completed = 0.0

**If Currently Enrolled:**

**If currently enrolled or planning to take a required class, please indicate which quarter you are/will be enrolled.**

If currently enrolled in a class, please provide a copy of your registration form for Spring.

If you plan to take a required class in Summer, please provide this information in your curriculum plan.

Shoreline Required General Education Courses	Cr	College Where Course Taken	Equiv Course Number on transcript	Qtr Taken	Grade	Currently Enrolled	<i>for MLT use only</i>
<b>ENGL&amp; 101</b> Composition & Expository Prose	<b>5</b>						
<b>CIS 105</b> Computer Applications <i>or</i> alternative approved Quantitative Reasoning course*	<b>5</b>						
<b>IASTU 102</b> IntraAmerican Studies <i>or</i> alternative approved Multicultural course*	<b>3-5</b>						
<b>BUS 104 or 105</b> Human Relations in Business	<b>2-5</b>						
<b>PE 284</b> First Aid & Safety CPR	<b>3</b>						
<b>No Points Given for Gen. Ed. Requirements – these count towards your A.A.A.S. degree graduation requirements</b>							

<b>MATH 099</b> Intermediate Algebra recommended for success in the program; required for Shoreline CHEM& 121	<b>5</b>						
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\* For a complete list of approved General Education Core Requirements, see page 29 of the Quarterly Class Schedule or online under “General Education Core Requirements.”



**MLT Program Application – Part B:  
Science Prerequisite Requirements**

Applicant Name	
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- Directions: Complete this form if you are applying for
- an A.A.A.S. Degree in Medical Laboratory Technology
  - a Certificate of Proficiency in Medical Laboratory Technology *and* you currently have an Associate or Bachelor’s degree

Indicate which courses you have taken, where, when and grade obtained. Indicate the school (abbrev.) where the course was taken and the course number shown on your transcript.

**All science prerequisite courses must have a grade of 2.0 or higher.**

Letter to Decimal Grade conversion if not shown as decimal on transcript:

A=4.0, B=3.0, C=2.0, D or not completed = 0.0

**If Currently Enrolled:**

**If currently enrolled or planning to take a required class, please indicate which quarter you are/will be enrolled.**

If currently enrolled in a class, please provide a copy of your registration form for Spring.

If you plan to take a required class in Summer, please provide this information in your curriculum plan.

Non- MLT Program Required Courses	Cr	College Where Course Taken	Equivalent Course Number	Qtr Taken	Decimal Grade	Currently Enrolled	<i>for MLT use only</i>
<b>BUS 104 or 105</b> Human Relations in Business	2-5						
<b>BIOL&amp; 170</b> Human Anatomy & Physiology	5						
<b>BIOL&amp; 211</b> Majors Cellular Biology	5						
<b>BIOL&amp; 260</b> Microbiology	5						
<b>CHEM&amp; 121</b> General Chemistry	5						
<b>CHEM&amp; 131</b> Organic Chemistry	5						
<b>MLT 181*</b> Intro to Medical Lab Procedures	4						
<b>MLT 182*</b> Medical Lab Procedures	2						
<b>Total Points</b>							

\*You must have completed MLT 180 (197) or be enrolled in MLT 181 and MLT 182 for Spring Quarter in order to be eligible to apply.

**Remember to include any of these classes in your Proposed Curriculum Completion Plan, if you have not yet completed them.**



**MLT Program Application – Part C:  
Enrichment Classes or Activities**

Applicant Name	
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- Directions: Complete this form if
- you are applying for an A.A.A.S. Degree in Medical Technology
  - you are applying for a Certificate of Proficiency in Medical Laboratory Technology **and** you currently have an Associate or Bachelor’s degree

**All courses considered must have a grade of 2.0 or higher.**

Letter to Decimal Grade conversion if not shown as decimal on transcript:

A=4.0, B=3.0, C=2.0, D or not completed = 0.0

**If Currently Enrolled:**

**If currently enrolled or planning to take a required class, please indicate which quarter you are/will be enrolled.**

If currently enrolled in a class, please provide a copy of your registration form for Spring.

If you plan to take a required class in Summer, please provide this information in your curriculum plan.

Shoreline General Education Course or Activity	Decimal Grade	Equivalent Course Number	College/ or documentation	Currently Enrolled (0.5 pts)	Poss. Points	<i>for MLT use only</i>
MLT 123- 1 credit AIDS & HIV Education for Healthcare Workers or 7 Contact Hours AIDS Education – <i>copy of certificate required</i>					1.0	
<b>Ed. Bonus courses</b> that enhance your success in and preparation for the MLT Program (max 2) 3-5 credit classes	_____	#1 _____		N/A	1.0 ea.	
<b>WORK EXPERIENCE IN LAST 10 YEARS</b> <i>(Only one will apply)</i> <b>Employer verification required</b>			<b>Employer</b>			
<b>Phlebotomy work experience</b> (>6 months)					1.0	
<b>Laboratory work: lab aid or assistant, or specimen processing</b> (>6 months)					2.0	
<b>Research Lab Aid/Biotechnology</b> (>6 months)					2.0	
<b>Work experience in other healthcare job or customer service job</b> MA, NA, etc. (>6 months)					1.0	
<b>Total Points</b>						



**MLT Program Recommendation Form**  
**Shoreline Community College**

Applicant Name	
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The applicant named above is applying for admission to the Medical Laboratory Technology Program at Shoreline Community College. Each applicant is requested to submit two Recommendation Forms. **This Recommendation form must be received by SCC by May 10<sup>th</sup>.** Please complete this form and return it to the applicant or to SCC at:

**Molly Morse, MLT Program**  
**Shoreline Community College**  
**16101 Greenwood Ave. N., Seattle, WA 98133**  
**Fax: (206) 533-5103**

Please evaluate the applicant in each of the following categories	Excellent	Above Average	Average	Below Average	Poor	Not able to Evaluate
Attention to detail						
Follow through						
Organization skills						
Ability to handle stressful situations						
Ability to receive constructive feedback						
Ability to work independently						
Works well with others						
Oral communication skills						
Written communication skills						
Intellectual ability						
Emotional maturity						

1. How well do you know this applicant?
2. If you are an instructor, in what classes did you instruct this applicant?
3. Do you have any concerns in this applicant's performance as a Medical Laboratory Technician?
4. Please provide any other information regarding this applicant that you feel is important to know:

Signature	
Name	
Title/Relationship to Applicant	
School or Organization	
Telephone	



**MLT Program Recommendation Form**  
**Shoreline Community College**

Applicant Name	
----------------	--

The applicant named above is applying for admission to the Medical Laboratory Technology Program at Shoreline Community College. Each applicant is requested to submit two Recommendation Forms. **This Recommendation form must be received by SCC by May 10<sup>th</sup>.** Please complete this form and return it to the applicant or to SCC at:

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Please evaluate the applicant in each of the following categories	Excellent	Above Average	Average	Below Average	Poor	Not able to Evaluate
Attention to detail						
Follow through						
Organization skills						
Ability to handle stressful situations						
Ability to receive constructive feedback						
Ability to work independently						
Works well with others						
Oral communication skills						
Written communication skills						
Intellectual ability						
Emotional maturity						

5. How well do you know this applicant?
6. If you are an instructor, in what classes did you instruct this applicant?
7. Do you have any concerns in this applicant's performance as a Medical Laboratory Technician?
8. Please provide any other information regarding this applicant that you feel is important to know:

Signature	
Name	
Title/Relationship to Applicant	
School or Organization	
Telephone	

## EMPLOYMENT VERIFICATION for MLT Applicants

**\*\*To be completed by supervisor\*\***

Applicant Name \_\_\_\_\_

Name and Address of Facility/Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Dear Employer: Your current/former employee listed above is requesting verification of service because he/she is making application to the Shoreline Community College Medical Laboratory Technology Program. Our selection process allows for verification forms to be submitted by the applicant's current or former supervisors. This information includes total number of hours worked and a job description. A reference/recommendation is not required.*

***Please complete the information requested and return the form to the applicant in a sealed envelope before the application deadline of May 1. We prefer that applicants include it in their application packet, but you may mail it or fax it to us directly if you prefer. Thank you for your assistance.***

*MLT Program  
Shoreline Community College  
16101 Greenwood Avenue N  
Shoreline, WA 98133.*

*(206) 533-5103 Fax*

\* \* \* \* \*

Applicant's Job Title \_\_\_\_\_

Applicant has fulfilled any probationary period and applicant is eligible for continued service or re-hire:

Yes       No

Continuous paid employment:

Number of months worked: \_\_\_\_\_ Total number of hours worked: \_\_\_\_\_

Minimum qualifications/certification required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Descriptions of duties (or attach job description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that this information is true and correct to the best of my knowledge.

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature

Date



**Medical Laboratory Technology Program**  
**Technical Standards/Essential Skills Requirements**  
 Shoreline Community College  
 Shoreline, Washington

The Associate in Applied Arts and Science (A.A.A.S.) Degree in Medical Laboratory Technology prepares the graduate to work as a team member in a clinical laboratory. The graduate of this program will be prepared to perform scientific laboratory tasks assigned by the medical technologist/clinical laboratory scientist, pathologist or physician to aid in the detection, diagnosis and treatment of disease. The Medical Laboratory Technology (MLT) program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences.

The faculty in the MLT department has a responsibility for the welfare of students enrolled in the program, for patients affected or treated by students in the program and for staff working in the program. The MLT department has established minimum essential requirements that must be met, with or without reasonable accommodation, in order to participate in the program and graduate. The MLT department does not discriminate on the basis of race, religion, color, national origin, marital status, sex, sexual orientation, age, or disability.

Candidates for admission into the clinical laboratory technician program must possess abilities and skills in these areas including: 1) observation 2) communication 3) motor function 4) intellectual, conceptual, integrative and quantitative abilities and 5) behavioral and social skills. Reasonable accommodation can be made for some disabilities in these areas, but a candidate must be able to perform in a reasonably independent manner. Each applicant to the program must attest that they can meet the abilities and skills listed below before entry into the program.

1. **Observation** - An applicant must have the ability to participate actively in classroom demonstrations, lectures, student laboratory, and clinical practicum sessions. He/she must have the ability to see projected images and discriminate color variations in slide and computer format, as well as under a microscope.
2. **Communication** - The applicant must be able to communicate in English with instructors, fellow students, patients, and other members of the health care team. He/she must be able to write and transmit information clearly, accurately, and efficiently.
3. **Motor Function** - The applicant must have sufficient motor function to perform a variety of basic and advanced laboratory testing. These may include manipulation of a variety of pipettes, microscopes, phlebotomy equipment, laboratory equipment, and supplies.
4. **Intellectual, Conceptual, Integrative and Quantitative Abilities** - The applicant must be able to master basic science and clinical laboratory information presented in lecture and laboratory curriculum. He/she must also be able to measure, calculate, reason, analyze, evaluate and synthesize laboratory information / data. Problem solving and interpretation of patient laboratory data is critical to all laboratory practitioners. The applicant must be able to decide when to seek supervisory help in a clinical setting.
5. **Behavioral and Social Skills** - The applicant must be able to exercise good judgment in the lecture, laboratory, and clinical settings. He/she must be able to complete tasks on time in a mature, sensitive, and effective manner with instructors, co-workers, patients, and other members of the health care team. He/she must be able to work under both relaxed and stressful emergency situations, prioritize tasks, and be able to make correct judgments with regards to patient results. Applicants must be able to be flexible with scheduling and be able to adapt to changing environments in the laboratory. Other professional attributes may include dependability, self-motivation and initiative, maturity, confidentiality and concern for others.

These technical standards identify the requirements for admission, retention, and graduation of applicants and students in the program. I certify that I have read and understand the Shoreline Community College MLT Program’s Essential Skills Requirements for admission and that I meet each of them, with or without reasonable accommodation. \*

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

Printed or typed name \_\_\_\_\_

\* If accommodation is needed, the applicant must meet with the *Coordinator for Services for Students with Disabilities* on campus and identify the reasonable accommodation needed.