

**School of Medical Laboratory Science**

**Application**

Please mail **ALL** documents

*which includes transcripts and 2 letters of recommendation by Dec.31st to:*

Tampa General Hospital

Attn: School of Medical Laboratory Science

P.O. Box 1289

Tampa, FL 33601

|  |
| --- |
| Applicant Information  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First Middle*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City State ZIP Phone number where you can be reached*

Permanent Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City State ZIP Alternate phone number*

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a U.S. citizen, do you have a current student visa? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied to this school before? Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please attach or write below a personal statement detailing why you have chosen to pursue acareer in Medical Laboratory Science |
|  |

|  |
| --- |
| Education  |

Have you attended school under another name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Transcripts must be sent directly by each institution listed below, List most recent college/university first.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic Institution | Address | Dates Attended | Degree/Year | Major |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Will you have a Bachelor’s Degree prior to beginning the MLS Program in August?\_\_\_\_\_\_\_\_\_\_

If currently enrolled in courses and/or courses to be completed prior to beginning of the program, please fill in below.

Name of academic institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Current/Future Courses | Credit HoursSemester / Quarter | Completion Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Work and/or Volunteer Experience |
| Position | Employer | Address | Dates  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| List any extracurricular activities, college organizations, or areas of interest & indicate special awards or responsibilities etc. |
|  |

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that misrepresentations or omissions of applicant information whenever discovered may deem me ineligible for admission, or, if accepted, dismissal without prior notice. I have read the Essential Functions for medical laboratory scientists and believe that I can meet those functions. Upon acceptance into the program I will provide a physician’s statement of general health. I agree to confirm to the rules and regulations of Tampa General Hospital and the student handbook. I will not reveal confidential information concerning organizations, patients or team members. I understand that revealing confidential information, whenever discovered, may deem me ineligible for admission, or, if accepted, dismissal without prior notice. I understand and acknowledge that a health screen, including a urine drug screen is required during orientation and that failure to obtain favorable results on the drug screen will result in dismissal from the School of Medical Laboratory Science. I am aware that the successful completion of a training program does not automatically entitle me to licensure in a clinical laboratory per Florida Department of Health Regulations, as such application may be denied due to criminal convictions and non-restoration of civil rights I understand the position of a Medical Laboratory Scientist has been evaluated as a Level 1 in accordance with the Occupational Safety and Health Administration (OSHA) definition of occupational exposure to blood borne pathogens and positions in this category require the performance of tasks which involve exposure to blood and potentially infectious body fluids. Lastly, I understand a complete application requires official transcripts and letters of recommendation sent to the address on the cover page (directly from the source) by December 31st, \_\_\_\_\_\_.

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

 Signature Date

Tampa General Hospital and the School of Medical Laboratory Science is committed to the belief that educational opportunities should be available to all qualified persons and we do not discriminate on the basis of age, race, color, creed, religion, national origin, disability, or any other classification in the administration of admission procedures.