

**MEDICAL LABORATORY TECHNICIAN PROGRAM
APPLICATION FOR ADMISSION**

REQUIRED INFORMATION (print or type)

APPLICATION DEADLINE MAY 15

Name _____	Date of Application _____
Address _____	SS or Student ID # _____
City _____ St _____ Zip _____	Home Phone _____
e-mail _____	Alternate Phone _____

EDUCATIONAL INFORMATION

High School Graduation Date _____	GPA _____	Date of GED _____
ACT Scores E _____ M _____ R _____ SR _____ C _____	Date of ACT _____	
College _____	Dates Attended _____	to _____
Address _____	Overall GPA _____	Credit Hrs. _____
College _____	Dates Attended _____	to _____
Address _____	Overall GPA _____	Credit Hrs. _____

MATH AND SCIENCE BACKGROUND

<u>Grade Received in High School:</u>		<u>Grade Received in College Courses:</u>	
Biology I _____	Algebra I _____	Anatomy & Physiology I _____	
Biology II _____	Algebra II _____	Anatomy & Physiology II _____	
Chemistry _____	Geometry _____	Applied or College Algebra _____	
Physics _____	Advanced Math _____	Intro to Chem/General Chem _____	
Health Occupations Course _____		Microbiology _____	

MEDICAL EXPERIENCE

Previous Medical Experience (Employment or Volunteer)	
Facility _____	Position _____
Address _____	Date _____ to _____

JSCC ADMISSION STATUS

Are you currently enrolled at JSCC? _____	If not currently enrolled at JSCC, have you completed the admission process? _____
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CLINICAL HOSPITAL AFFILIATES

Indicate your first, second, and third choice of Clinical Hospital Affiliate:

- _____ Baptist Memorial Hospital-Union City
- _____ Henry County Medical Center
- _____ Jackson-Madison County General Hospital
- _____ Maury Regional Hospital-Columbia

Have you ever been convicted of a crime, other than minor traffic violations? Yes_____ No_____

If yes, date?_____ Describe:_____

An affirmative response will not necessarily be a bar to admission. Students with a "yes" answer to this question are advised to consult with the MLT licensing board (1-888-310-4650, ext. 22768) regarding their licensing eligibility.

Are you now or have you ever been licensed/credentialed in a health care discipline? Yes_____ No_____

If currently licensed, please give license number, state, and healthcare discipline:_____

Has your license/credential in a health care discipline ever been suspended, revoked, or put on probation? Yes_____ No_____ If yes, please explain and indicate the status:

Have you applied for admission to the MLT program in the past?_____ If yes, year of application:_____

I certify that the above information is true and correct to the best of my knowledge. I am aware that falsifying or withholding information will lead to invalidation of my application and/or dismissal from the MLT Program. I understand this application is valid for one year only.

Applicant Signature

Date

Jackson State Community College, a Tennessee Board of Regents institution, does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment or provisions of educational services.

Students accepted into the program may be required by affiliate clinical education centers to submit to drug testing and/or criminal background checks (at the student's expense) prior to the clinical portion of the program. Findings or results may interfere with student clinical placement, which could result in a student's inability to complete a course and the program.