APPLICATION FOR ADMISSION TO THE
MEDICAL LABORATORY SCIENCE PROGRAM
BRIGHAM YOUNG UNIVERSITY

Instructions to the Applicant:

1. Complete the attached application form (available in 775 WIDB).
2. Distribute three evaluation forms for both professional and personal references (obtain forms from secretary in 775 WIDB).
3. Attend personal interview with acceptance committee. Interview is to be scheduled with the department secretary.
4. Return all materials by application deadline—March 1 or October 1 to:
   Professor Bill Zundell
   Brigham Young University
   786 Widtsoe Bldg
   Provo, UT 84602

An applicant’s acceptance into the Medical Laboratory Science program is contingent upon the following requirements:

1. Submission of completed application form and letters of recommendation.
2. Satisfactory completion of prerequisite academic classes—preference is given to students who have all courses finished.
3. Availability of sufficient clinical rotation sites and signature that student will accept placement.
4. Current immunization record including: Hepatitis B vaccination, MMR, PPD test, varicella, Tdap, current influenza vaccine (prior to hospital experience)
5. Background check, drug screen and fingerprinting (prior to hospital experience)

The non-academic standards that are established by the program are evidenced if the “essential functions” can be met by the student. Essential functions include requirements that the student be able to engage in educational and training activities in such a way that will not endanger other students or the public, including patients.

STANDARDS

1. Vision
   The student must be able to read charts and graphs, discriminate major colors and read microscopic materials.

2. Speech and Hearing
   The student must be able to communicate effectively and adequately transmit information to all members of the health care team. Must be able to assess non-verbal communication.

3. Fine Motor Functions
   The student must possess all skills necessary to carry out diagnostic procedures, manipulate instruments and operate equipment. Must be able to lift and move objects. Must be able to perform phlebotomy safely and accurately.

4. Locomotion
   The student must be able to move freely from one location to another in physical settings such as the clinical laboratory, patient rooms, elevators and stairways.

5. Psychological Stability
   The student must possess the emotional health required for full utilization of the applicant’s intellectual abilities. The student must be able to recognize emergency situations and take appropriate actions.

I am able to meet the above listed essential functions.

______________________________________     _____________________
Student Signature                                                            Date
APPLICATION FOR ADMISSION
MEDICAL LABORATORY SCIENCE PROGRAM

Full Name of Applicant: _____________________________________________

Present Address: ____________________________________________ Phone: _______________________

(City) (State) (Zip)

Permanent Address: __________________________________________

(City) (State) (Zip)

Email _________________________________________________________

Name of Parent, Nearest Relative, or Legal Guardian:

Address: ____________________________________________ Phone: _______________________

(City) (State) (Zip)

Birthplace: ____________________________ Date of Birth: _____________ Religion: ____________________________

(Marital Status) Single Married: ________ Divorced: ________ Widow(er): ________

Number of Children: ________

High School: ____________________________ Date Graduated: (Optional) ____________________________

Please attach a recent photo here (optional)
College or University: _________________________________ Dates: ___________________

Major: ___________________________ Minor: _________________ Degree: ________

Special schooling other than college or university: _______________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Activities and Honors: _____________________________________________________
________________________________________________________________________

Hobbies: ________________________________________________________________

Social or Extracurricular Activities: __________________________________________
________________________________________________________________________

Have you ever been accepted to any Medical Laboratory Science program?      Yes___     No ___
If yes, name of such school: __________________________________   Date: ________

Did you complete the clinical rotation?   Yes ____   No ____
If you did not complete rotations, list reasons why: ______________________________
________________________________________________________________________

Occupation since leaving school: ____________________________________________

Have you had any experiences with sick people?  If so, explain: __________________________
______________________________________________________________________________
______________________________________________________________________________

Employment (Include volunteer work since high school)

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Type of work</th>
<th>Dates</th>
<th>Reason for Leaving</th>
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</table>
Professional References (Please list names and addresses of two college science professors):

Name: ________________________________________________________________

Address: ____________________________________________________________ Phone: ________________

(Street) (City) (State) (Zip) 

Name: ________________________________________________________________

Address: ____________________________________________________________ Phone: ________________

(Street) (City) (State) (Zip) 

Personal References (Please list names and addresses of two former employers or other character references, not relatives.):

Name: ________________________________________________________________

Address: ____________________________________________________________ Phone: ________________

(Street) (City) (State) (Zip) 

Name: ________________________________________________________________

Address: ____________________________________________________________ Phone: ________________

(Street) (City) (State) (Zip) 

Submit a total of three references.
Hospitals participating in the program are:
- Dixie Regional Medical Center (St. George)
- Eastern Idaho Regional Medical Center (Idaho Falls, ID)
- Intermountain Central Laboratory (Murray)
- Madison Memorial Hospital (Rexburg, ID)
- Mountain View Hospital (Payson)
- Primary Children’s Medical Center (Salt Lake City)
- Salem Health Laboratories (Salem, OR)
- Salt Lake Regional Medical Center (Salt Lake City)
- Timpanogos Regional Hospital (Orem)
- Utah Valley Regional Medical Center (Provo)

Please list all classes, including MLS classes and GE courses, you need in order to graduate and the semesters in which you plan to complete them:

<table>
<thead>
<tr>
<th>Department</th>
<th>Course #</th>
<th>Title</th>
<th>Semester</th>
<th>Year</th>
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</thead>
</table>

At the time of the Clinical Experience ALL campus academic work must be completed.

Briefly explain why you want to be a clinical laboratory scientist. Include your future goals and what you plan to do with your training.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
RECOMMENDATION AND EVALUATION
FOR
MEDICAL LABORATORY SCIENCE PROGRAM

To Applicant: Write your name in the blank. Address a stamped envelope (if off-campus) and have the person you are asking for a recommendation mail it directly to:
Bill Zundel, Brigham Young University, 786 WIDB, Provo, UT 84602
Check one of the following statements and sign the form.

_____ I waive my right of access to this letter of recommendation
_____ I do not waive my right of access to this letter of recommendation.

_________________________________                       _________________________________
Signature of Applicant                                                                Name of Applicant (Please Print)

To Recommender: The above named person is applying for the Clinical Laboratory Science program. Please complete this form and return it as soon as possible. Please feel free to comment on areas not addressed.

1. Have you had the opportunity to observe the applicant in problem situations? How do you feel about the applicant’s problem solving abilities?
   _____ Outstanding
   _____ Average
   _____ Poor
   _____ No opportunity to observe

2. Assess the applicant’s manual dexterity (i.e., ability to perform tasks that require hand-eye coordination).
   _____ Outstanding
   _____ Average
   _____ Poor
   _____ No opportunity to observe

3. Is the applicant good in adapting to and working with others, especially under less than optimal working conditions?
   _____ Excellent
   _____ Good
   _____ Fair
   _____ Poor
   _____ No opportunity to observe

4. Can the applicant follow oral and written directions successfully?
   _____ Always
   _____ Most of the Time
   _____ Part of the time
   _____ Almost never
   _____ No opportunity to observe

5. Does the applicant show potential as a leader?
   _____ Definitely, yes
   _____ Yes, with some reservations
   _____ No
   _____ No opportunity to observe
6. Is the applicant sensitive to the feelings of others?
   _____ Always
   _____ Usually
   _____ Usually not
   _____ No
   _____ No opportunity to observe

7. Is the applicant well liked by classmates or co-workers?
   _____ Liked by all
   _____ Liked by majority
   _____ Neither liked nor disliked
   _____ Generally disliked
   _____ No opportunity to observe

8. Does the applicant display antagonistic or irritating personality traits in the work or classroom situation?
   _____ Definitely no
   _____ Occasionally
   _____ Often
   _____ No opportunity to observe

9. Which of the following best describes the applicant’s academic ability?
   _____ Excellent student, top-notch
   _____ Good student
   _____ Average student
   _____ Below average student
   _____ No opportunity to observe

10. Does the observed academic ability reflect the applicant’s potential?
    _____ Yes, definitely
    _____ Probably a fair assessment
    _____ No, potentially greater
    _____ No opportunity to observe

11. Would you recommend acceptance of applicant?
    _____ Yes
    _____ Some reservations
    _____ No

Comments:

__________________________     ________________________
Signature of Recommender                                                                                   Name of Recommender (Please print)

__________________________     ________________________
Position Institution

__________________________     ________________________
Relationship to Applicant Date