Application For Admission To The
Medical Laboratory Sciences Program
Brigham Young University

Instructions to the Applicant:
1. Complete the attached application form
2. Distribute three evaluation forms for both professional and personal references (obtain forms from secretary)
3. Attend personal interview with acceptance committee.
4. Return all materials by application deadline – October 1 or March 1 to:
   Professor Bill Zundel
   Brigham Young University
   786 WIDB
   Provo, UT 84602

An applicant's acceptance into the Medical Laboratory Sciences program is contingent upon the following requirements:
1. Submission of completed application form and references
2. Satisfactory completion of prerequisite academic classes
3. Availability of sufficient clinical rotation sites
4. Ability to meet the minimum non-academic technical standards of the programs
5. Current immunization record including: Hepatitis B vaccination (3 dose series prior to or at the beginning of the first semester), measles, rubella, PPD test, varicella, Tdap, current influenza vaccine (optional).
6. Background check, drug screen and fingerprinting – see student handbook (complete before internship)

The technical standards (non academic) established by the program are evidence of the “essential functions” that must be able to be accomplished by the students in the program. 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.

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<tr>
<th>STANDARDS</th>
<th>FUNCTIONS</th>
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<tr>
<td>1. Vision</td>
<td>The student must be able to read charts and graphs,</td>
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<td>discriminate major colors and read microscopic materials.</td>
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<td>2. Speech and Hearing</td>
<td>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.</td>
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<td>3. Fine Motor Functions</td>
<td>The student must possess all skills necessary to carry out Diagnostics procedures, manipulate instruments and operate equipment. Must be able to perform phlebotomy safely and accurately.</td>
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<td>4. Locomotion</td>
<td>The student must be able to move freely from one location to another in physical settings such as the medical laboratory, patient rooms, elevators and stairways.</td>
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<td>5. Psychological Stability</td>
<td>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.</td>
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I am able to meet the above listed essential functions.

_____________________________________________  ______________________
Student Signature                                      Date
Application For Admission
To The BYU Integrated
Medical Laboratory Sciences Program

Full Name of Applicant: ____________________________________________________________  SS# ________________________________

Present Address: ___________________________ Email: ___________________________ Phone: ________________

(Street)

(City) ___________________________ (State) ___________________________ (Zip Code) ___________________________

Permanent Address: ______________________________________________________________________

(Street)

(City) ___________________________ (State) ___________________________ (Zip Code) ___________________________

Name of Parent, Nearest Relative or Legal Guardian: ____________________________________________

Address: __________________________________________________________ Phone: ___________________________

(Street)

(City) ___________________________ (State) ___________________________ (Zip Code) ___________________________

Birthplace: ______________________ Date of Birth ______________________ Religion: ______________________

(optional)  (optional)

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

(optional)

High School: __________________________________________________________ Date Graduated: ____________

(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 no, list the 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>
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<tr>
<th>Place of Employment</th>
<th>Type of Work</th>
<th>Dates</th>
<th>Reason for Leaving</th>
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Professional References: Please list names and addresses of two college science professors.

Name: ____________________________________________ Phone: __________________________

Address: __________________________________________ Phone: __________________________
          (Street)                                                                                   
          (City)                               (State)                      (Zip Code)

Name: ____________________________________________ Phone: __________________________

Address: __________________________________________ Phone: __________________________
          (Street)                                                                                   
          (City)                               (State)                      (Zip Code)
Personal References: Please list names and addresses of two former employers or other character references, no relatives.

Name: _______________________________________________________________________________________________________

Address: _________________________________________________________________ Phone: __________________________
            (Street)

________________________________________________________________________________________________________________
            (City)   (State)   (Zip Code)

Name: _______________________________________________________________________________________________________

Address: _________________________________________________________________ Phone: __________________________
            (Street)

________________________________________________________________________________________________________________
            (City)   (State)   (Zip Code)

Submit a total of three references, two professional and one personal.

The hospitals participating in this program are:

Intermountain Medical Center Central Lab (SLC)
Eastern Idaho Regional Medical Center (Idaho Falls, Id)
Madison Memorial Hospital (Rexburg, Id)
Mount Timpanogas Medical Center (Orem, Ut)
Mountain View Hospital (Payson, Ut)
Utah Valley Regional Medical Center (Provo, Ut)
Dixie Regional Medical Center (St. George, Ut)
Primary Children's Medical Center (SLC)
SalemHealth (Salem, Oregon)
Salt Lake Regional Hospital

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

_____________________________________________________________________________________________________________________________
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_____________________________________________________________________________________________________________________________
Please list all classes you need in order to graduate and the semester in which you plan to complete them:
At the time of the Clinical Experience ALL campus academic work must be completed.

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<thead>
<tr>
<th>Department</th>
<th>Course No.</th>
<th>Title</th>
<th>Semester</th>
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RECOMMENDATION AND EVALUATION FOR MEDICAL LABORATORY SCIENCES 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:

William B. Zundel, MS, MLS (ASCP)SM, SBB
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 Medical Laboratory Sciences 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?
    ____ Likely 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, potential greater
    ____ No Opportunity to Assess

11. Would you recommend acceptance of applicant?
    ____ Yes
    ____ Some reservation
    ____ No

Comments:

_________________________________________________        _______________________________
Signature of Recommender                          Name of Recommender (Please Print)

_________________________________________________        _______________________________
Position                                       Institution

_________________________________________________        _______________________________
Relationship to Applicant                        Date