MERCYHEALTH

CLINICAL LABORATORY SCIENCE PROGRAM

APPLICATION FOR ADMISSION

Name_____ Date _____
       Last   First   Maiden

SS# (last 4) _____ Birthdate_____ U.S. Citizen? Y ☐   N ☐

Visa No._____ Exp Date_____

_____
Permanent/Home Address   City   State   Zip   Phone

_____
Current Mailing Address   City   State   Zip   Phone

E-mail(s) _____ Preferred means of contact_____

Please list others programs you are applying to: _____

_____

FORMAL EDUCATION

High School   _____   _____   _____
               Name   &   Location   Graduation Year   GPA

College/Univ. _____   _____ _____ _____
               Name   &   Location   From-To Dates   Major/Degree   GPA

College/Univ. _____   _____ _____ _____
               Name   &   Location   From-To Dates   Major/Degree   GPA

College/Univ. _____   _____ _____ _____
               Name   &   Location   From-To Dates   Major/Degree   GPA

Other_____

List Number of college credit hours completed (C), in progress (I), and planned (P):

	Credit hours:		Credit hours:
Chemistry –Total	(C)_____(I)_____(P)_____	Biology-Total	(C)_____(I)_____(P)_____
General	(C)_____(I)_____(P)_____	General	(C)_____(I)_____(P)_____
Organic	(C)_____(I)_____(P)_____	Microbiology	(C)_____(I)_____(P)_____
Biochemistry	(C)_____(I)_____(P)_____	Lab	(C)_____(I)_____(P)_____
Analytical	(C)_____(I)_____(P)_____	Immunology	(C)_____(I)_____(P)_____
Labs	(C)_____(I)_____(P)_____	Lab	(C)_____(I)_____(P)_____
Mathematics	(C)_____(I)_____(P)_____	Genetics	(C)_____(I)_____(P)_____
Statistics	(C)_____(I)_____(P)_____	Cell Biology	(C)_____(I)_____(P)_____
-Other (specify)	(C)_____(I)_____(P)_____	Anatomy/Physiology	(C)_____(I)_____(P)_____
_____	(C)_____(I)_____(P)_____	Parasitology	(C)_____(I)_____(P)_____
_____	(C)_____(I)_____(P)_____	Molecular	(C)_____(I)_____(P)_____

Honors & Activities _____

_____

_____

EMPLOYMENT HISTORY

within the last four years

_____
Company   Position   Dates Employed   hrs/week

_____
Company   Position   Dates Employed   hrs/week

BACKGROUND INFORMATION

• Have you ever been dismissed/suspended from employment/school or convicted of a felony?   Y ☐   N ☐
  If so, please explain:
_____

• Mercy is committed to providing a smoke/tobacco free environment and does not enroll/employ   Y ☐   N ☐
  current tobacco users. I verify that I am not a user of any type of tobacco products.

• I understand that enrollment is contingent upon my passing a physical exam which includes drug   Y ☐   N ☐
  screening and background checks.

• I have read and understand the essential functions for this program (found on www.mercy.com/cls)   Y ☐   N ☐
  and believe I can meet these standards.

NARRATIVE STATEMENT

Give or attach a brief narrative explaining how you learned of the MLS profession, what you feel you can contribute, and your goals. Include how you became aware of Mercy Integrated CLS Program, and why would you like to complete your training here.

REFERENCES

List the references you intend to use

_____
Name   Title   Contact Information

_____
Name   Title   Contact Information

Please forward with this application: Official transcripts of all college credits and two reference forms (can be submitted online or mailed separately). A current photograph is optional.

I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification on this form may be cause for rejection as an applicant. I authorize the director to verify my employment and academic history and release them from any liability resulting from such investigation.

_____   _____
Signature   Date