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## APPLICATION FOR ADMISSION TO EMORY HEALTHCARE MEDICAL LABORATORY SCIENCE PROGRAM

### INSTRUCTIONS AND INFORMATION

As students of Emory Healthcare's Medical Laboratory Science Program (EHcMLS) you will complete an 11-month training program consisting of didactic and applied (clinical) experiences under the direct supervision of credentialed medical technologists. Payment of fees for the EHcMLS is required and students do not receive any monetary compensation or stipend for participation in the clinical training activities. Students will have the opportunity to apply for paid positions in the Emory Medical Laboratory during the training program, but service work is not mandatory and must be outside of the EHcMLS training hours.

Applicants will be considered based on overall GPA, science GPA, written essay, letters of recommendations, and personal interview. **Early application** is encouraged.

1. All applicants must meet the following minimum admission requirements **prior** to entering the MLS program.

- a. **Baccalaureate** degree from a regionally accredited college or university
- b. 16 semester (24 quarter) hours of credit in **chemistry**
- c. 16 semester (24 quarter) hours of credit in **biological sciences**

**Note:**

- The content of the chemistry and biological science courses must be considered applicable toward a degree in those fields or in clinical laboratory science/medical laboratory science
- At least 1 chemistry, 1 biology, and 1 microbiology course must have been completed **within last 7 years**

d. Required **prerequisite** courses:

- i. Organic or Biochemistry
- ii. Microbiology
- iii. Immunology as a separate course, or as part of the Microbiology course (provide the course outline for approval).
- iv. Human Anatomy and/or Physiology
- v. Statistics or Biostatistics

e. Overall GPA 2.75 or better on a 4.0 scale

f. Science GPA 2.75 or better on a 4.0 scale

2. **Complete** all parts of the application that pertain to you and sign the Acknowledgement and Authorization. Incomplete applications will not be processed.

3. Enclose a **\$50 non-refundable application fee** with your application (checks and money orders only). Make checks or money orders payable to Emory Healthcare Medical Laboratory Science program. Application fee is waived for employees of **Emory Healthcare**.

4. Include with your application your **typed essay/narrative**: In an essay of 200-300 words, describe your understanding of the field of medical laboratory science/clinical laboratory science and your reasons for entering the field, your related qualifications, academic objectives and career plans. Your responses will be scored for content, organization, and grammar.
5. **In addition to your application and application fee, the following must be submitted directly to the Emory Medical Laboratory Science Program, before your application will be considered:**

- a. **Official** transcripts from *each* college/university attended
  - i. Transcripts from **foreign colleges/universities** must be officially evaluated by an approved transcript evaluation service and sent to MLS program. Acceptable evaluation agencies can be found on the [ASCP.org website](http://ASCP.org) - All transcripts must have individual courses and have an overall GPA score.

**International Education Evaluations, Inc.**, 7900 Matthews Mint Hill Rd, Suite 300, Charlotte, NC 28227, Ph.: 704-772-0109 / 704-545-2485, FAX: 704-545-2484, Email: [admin@foreigntranscripts.com](mailto:admin@foreigntranscripts.com)

**International Education Consultants**, Josef Silny & Associates, Inc., 7101 SW 102nd Ave, Miami, FL 33173, Ph.: 305-273-1616, FAX: 305-273-1338, Email: [info@jsilny.com](mailto:info@jsilny.com) , Website: [www.jsilny.com](http://www.jsilny.com)

- b. Have **three Admission Reference Forms** completed and sent. References must be from non-family members that can speak to your qualifications. References must be from either science professors or current/former employers. Recommendation forms should come directly from the reference, rather than the applicant.
- c. Applicants whose first language is not English must have official **TOEFL scores** submitted within the last 2 years. Minimum total scores of 80 (online based) with minimum of 18 for each section is required for consideration.
  - i. Enter **code number 1548** for institution score recipient
6. Qualified applicants will be contacted to schedule a personal interview with the admissions committee. Not all qualified applicants may receive an interview. Early application is encouraged.
7. **Deadline** for receipt of applications and all supporting materials is **February 1**. Documents must be received or postmarked by February 1<sup>st</sup> to be considered. Applicants already receiving their degree or enrolled in prerequisite courses will be accepted, but all documents must be received by May 31st of the applying year. Applicants submitting documents after this deadline will have to reapply for the following year.
8. Additional Requirements - Upon acceptance to the Program, students must meet the following additional requirements:
  - a. Pass a criminal background check
  - b. Pass drug screen
  - c. Pass physical health assessment, including completion of required immunizations
  - d. Provide and maintain own health insurance
9. **Contact** the Emory Healthcare Medical Laboratory Science Program office by email at [medicaltechnologyprogram@emoryhealthcare.org](mailto:medicaltechnologyprogram@emoryhealthcare.org), if you have any questions about the application process.

## **Essential Functions for Participation in the Emory Healthcare Medical Laboratory Science (EHcMLS)**

A student must possess the program's essential functions to successfully participate in and complete the MLS program. Emory Healthcare is an equal opportunity employer, and its Medical Laboratory Science Program is committed to equal opportunity. Emory Healthcare and its Program do not discriminate based on race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability or veteran status. The Program will provide reasonable accommodation to otherwise qualified students with disabilities.

The essential functions for participation in the EHcMLS are:

1. **Ethical Standards** demonstrate adherence to patient confidentiality, **legal compliance**, the academic and professional code of ethics and **conflict of interest**, and honesty.
2. **Visual Acuity**, either normal or corrected to perform patient testing safely and accurately. For example:
  - a. Characterize the color, clarity, and viscosity of biological specimens, reagents, or chemical reaction products
  - b. Discriminate color, shading, and fine structural differences of microscopic specimens using a binocular microscope
  - c. Read text, numbers, and graphs in print or on a video monitor
  - d. Judge distance and depth
3. **Manual Dexterity**, with sufficient hand-eye and fine motor coordination to fulfill the program's technical requirements. For example:
  - a. Perform blood collection on patients
  - b. Manipulate specimens, chemicals, instruments, computer keyboard, mouse and analytical equipment with speed and accuracy that does not endanger themselves or others
  - c. Reach instruments, bench tops, and equipment to perform duties adequately, and safely travel to and throughout healthcare facilities with reasonable accommodation.
4. **Communication Skills** with the ability to effectively read, speak, and write in English, and understand spoken English. For example:
  - a. Read and comprehend technical and professional materials
  - b. Independently study and prepare papers, reports or posters
  - c. Deliver oral presentations to others
  - d. Take paper, computer, and other examinations at the post-secondary level without assistance.
  - e. Interact and communicate effectively and confidentially with all patients, hospital staff, physicians, and visitors.
  - f. Use computer software and the Internet.
5. **Intellectual and Cognitive Abilities** to judge, comprehend, make calculations, reason, analyze, synthesize, integrate, and apply information under normal and stressful situations.
6. **Academic Initiative** to work independently, in small groups, and as a member of a team.
7. **Flexibility** to perform the requirements of the educational program in a fast-paced, stressful environment. For example, the student may be exposed to:
  - a. Instrument noise
  - b. Emergency situations
  - c. Several persons working in his/her proximity
  - d. Unpleasant odors or sights
  - e. Pathogens, blood, and body fluids
  - f. Laser technology and microwaves
8. **Maturity to accept constructive criticism** and interact with peers, faculty, the public and other members of the health care team effectively and respectfully.
9. **Stamina** to perform academic program functions over an 8-hour day that may include frequent and prolonged standing or walking, lifting of supplies/equipment up to 30 pounds, reaching, bending, kneeling, and crouching.

## Application for Admission

**FOR SCHOOL USE ONLY**

Date Postmarked: \_\_\_\_\_

Date Received: \_\_\_\_\_

App Complete: \_\_\_\_\_

Please print or type in black ink

PERSONAL INFORMATION			
Last Name	First	M.I.	Today's Date:
Street Address		Apartment/Unit #	
City	State	ZIP:	
Primary Phone			
Email	Social Security No.	Do you speak, comprehend and read English fluently?	
In case of an emergency, notify – Name:		Relationship:	
Address:		Phone number:	
Citizenship: Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> . If no, do you have a green card? YES <input type="checkbox"/> NO <input type="checkbox"/> .			
Non-citizens must list type of Visa, current Visa number & expiration date: _____			
Is English your first language? YES <input type="checkbox"/> NO <input type="checkbox"/> . If no, have official TOEFL scores submitted, obtained within the last 2 years.			
NOTE: All applicants must be legally eligible to work in the United States. Documentation must be provided for verification.			
EDUCATION			
College/University:		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University:		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University:		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University:		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:		Address	

From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
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**EDUCATION – IN PROGRESS OR REMAINING**

List all courses not shown on your current transcript that you intend to complete prior to starting the MLS program. Attach additional sheet if needed

Course title	Hours/credit	Institution	Expected completion date
Course title	Hours/credit	Institution	Expected completion date
Course title	Hours/credit	Institution	Expected completion date

**REFERENCES**

List the names, titles, and addresses of the individuals you are using for references.

Name	Title	Address
Name	Title	Address
Name	Title	Address

**WORK EXPERIENCE**

Company		Phone	( )
Address		Job Title	
Responsibilities:			Hours per week:
From	To	Reason for Leaving	
Company		Phone	( )
Address		Job Title	
Responsibilities:			
From	To	Reason for Leaving	
Company		Phone	( )
Address		Job Title	
Responsibilities:			Hours per week:

From		To		Reason for Leaving	
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**LABORATORY/HEALTHCARE EXPERIENCE**

Include any volunteer work, summer or full-time employment, observation, laboratory or medical experience, etc.

Facility Name/Type	Dates: From / To	Hours per week	Title / Job responsibilities

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

**ADDITIONAL INFORMATION**

How did you hear about our program? \_\_\_ Web \_\_\_ School/Counselor \_\_\_ Emory Employee \_\_\_ Social Media

Enclosed with the application is your typed essay of 200-300 words describing your reasons for entering the field of Medical Laboratory Science, your related qualifications, academic objectives and career plans.

Please share any additional information not already included on the form that you feel is pertinent to your application.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I have read and understand the Emory Healthcare MLS program Essential Functions      YES     NO

In signing this application, I certify that to the best of my knowledge all statements in this application are true, correct and complete. I hereby give permission to the Emory Healthcare Medical Laboratory Science Program to investigate all pertinent information about my application to determine my admission qualifications. I understand that false or misleading information in my application or interview will make me ineligible for admission or subject to immediate dismissal from the program.

I understand that applicants accepted into Emory Healthcare’s Medical Laboratory Science Program will be required to have a criminal background check and drug screen test completed prior to beginning the program, and I consent to the criminal background check and drug screen.

I understand that Emory Healthcare is an equal opportunity employer and all applicants from schools and training programs are considered for admission without regard to race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability or veteran status.

I understand that my potential acceptance into Emory Healthcare Medical Laboratory Science Program does not mean that I am an employee of Emory Healthcare at any time or for any length of time, nor does it mean that I am entitled to any employment-related benefits (including pay) for my duties associated with my participation in the EHCMLS.

Applicant  
Signature

Date

(blank)



## Applicant Recommendation/Reference Form

Student's Name: \_\_\_\_\_  
 (Forms not completely filled out, and legible may interfere with the processing of application)

I do **NOT** waive my right to access this form

I understand I have a right to access this recommendation letter under the Family Education Rights to Privacy Act of 1974. If you wish to waive the right to examine this recommendation, please sign below.

I hereby voluntarily waive my right to any information on this recommendation form.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above candidate is being considered for a Medical Laboratory Science program. Evaluation recommendations made by science instructors and employers have proved to be highly informative in the selection process. We respectfully ask that you evaluate this student for the characteristics or traits listed below and return the form directly to the address at the top of the form or email address provided below. Thank you, your assessment is appreciated.

**Please rate the following characteristics:**

Characteristics		Excellent	Above Average	Average	Below Average	Unable to Evaluate
<b>Personal</b>	Cooperation					
	Integrity					
<b>Communication Skills</b>	Oral					
	Written					
<b>Motivation</b>	Attitude					
	Initiative					
	Punctuality					
<b>Ability</b>	Learning					
	Comprehension					
	Correlation					
	Imagination					
	Originality					
<b>Quality of Work</b>	Organization					
	Accuracy					
	Technical					
	Competency					
<b>Leadership</b>	Judgment					
	Emotional Stability					
	Responsible					

**How long have you known the applicant?** \_\_\_\_\_ Months \_\_\_\_\_ Years.

**In what capacity do you know the applicant?** Only selected reference sources are acceptable:

Instructor, one class     Instructor, several classes     Advisor     Current Employer/Supervisor

Former Employer/Supervisor

**Please comment on this individual's personality and ability to work/get along with others.**

**Please include any comments that might be of assistance in considering this applicant for the EHcMLS Program.**

**What is your overall recommendation of this applicant?**

- |   |  |
|---|--|
| <input type="checkbox"/> Highly Recommend           | <input type="checkbox"/> Recommend with Confidence |
| <input type="checkbox"/> Recommend with Reservation | <input type="checkbox"/> Do Not Recommend          |

Name (print or type): \_\_\_\_\_ Position: \_\_\_\_\_

Employer/University Affiliation: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date: \_\_\_\_\_

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EMORY UNIVERSITY ORTHOPAEDICS AND SPINE HOSPITAL  
MEDICAL LABORATORY SCIENCE PROGRAM  
[medicaltechnologyprogram@emoryhealthcare.org](mailto:medicaltechnologyprogram@emoryhealthcare.org)