



Application for Admission to **St. Luke's Hospital, Cedar Rapids, IA Medical Laboratory Science Program**

- Note: Print and read instructions and forms carefully
- Application accepted August 1st through October 1
- Reference and Technical Standards forms can be found at:
<https://www.unitypoint.org/cedarrapids/school-of-medical-laboratory-science.aspx>

Application Fee: \$50 Payable to: St. Luke's MLS Program

Personal History

Name: _____ Date of Birth (month/day): ____/____/____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone: (____) _____ Email: _____

Permanent Address: _____

Alternate Contact

Name of Parent or Emergency Contact: _____
Last First Relationship

Phone: (____) _____ Email: _____

Educational Background

Universities/Colleges Attended: **Please have an official transcript sent for each school by the application deadline.**

Name	Location	Date Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is/are your major(s)? _____

What is/are your minor(s)? _____

Will you have a BS/BA degree before entering the program? ____Yes ____No

If yes, will you be enrolled for an MLS degree with your home university? ____Yes ____No

Have you previously enrolled in an MLT or MLS program and did not complete? ____Yes ____No

If yes, please list the name and dates of the program, in addition to the reason for not completing.

List any honorary and professional organizations, scholarships and honors, college and post college) extra-curricular activities and offices held. You should not list any which indicate race, religion, color or national origin.

Have you ever been subject to academic or disciplinary action (i.e., probation, suspension, dismissal) from any institution attended? If yes, please type a response to explain, provide dates and other details on a separate page.

____Yes ____No

Have you ever toured or shadowed in a clinical laboratory? ____Yes ____No If yes, where: _____

Employment Background

Are you a U.S. citizen? ____Yes ____No

If you are not a U.S citizen what is your VISA type? **Please check below and submit a copy with this application.**

____Student____Exchange visitor ____Permanent resident ____other, specify: _____

Professional or Work Experience:

Employer	Address	Position	Dates
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References

Three reference forms are required for applicants. Two of the references are to be from college science professors or clinical laboratory science advisors and the third reference from a former/current employer.

List below three people from whom you plan to obtain a reference.

1. _____
2. _____
3. _____

Transcripts

All applicants must submit a/an official transcript(s) at the time of application. In addition, please list the courses (with credits) now in progress and those planned for the remainder of the year.

In Progress:

Planned:

Interest

Please include with this application a one page typed essay describing why you chose MLS as a career and your future plans as an MLS.

Checklist of material required to complete application, all to be postmarked by **October 1st**.

- _____ College Transcripts (eTranscripts are acceptable through a certified company)
- _____ Letters of Reference – three required (form found online)
- _____ Technical Standards (form found online)
- _____ Application Fee of \$50 due with application. Make check out to: St. Luke's MLS Program
- _____ One page typed essay describing why you chose MLS as a career & your future plans as an MLS.

I certify the information in this application is complete and correct.

Signature

Date

St. Luke's Hospital does not discriminate in its educational programs and activities on the basis of race, national origin, color, religion, sex, age, disability, or veteran status.

St. Luke's MLS Program requests this information for the purpose of making an admission decision about you. No persons outside the Admission's Committee are provided this information. Misrepresentation of information on this application may invalidate the application and make you ineligible for consideration for any Iowa Medical Laboratory Science/Medical Technology Program.

Send all information to the following address. Please enclose the \$50 application fee.

Cassie Hartgrave, MLS Program Director
Laboratory
1026 A Ave NE
Cedar Rapids, IA 52402

MLS Program Staff Checklist:

Post Marked Date: _____

Fee Received: _____

Technical Standards Received: _____

Grade Sheet Done: _____

Notified of Status: _____

Transcripts Received: _____

References Received: 1 _____ 2 _____ 3 _____

Application Scanned: _____

Interview Scheduled: _____