Medical Laboratory Technician Program Application
Iowa Central Community College
Medical Laboratory Technician Application

Application deadline is March 25, 2016
Please complete all information. Please type or print clearly using black ink only.
Please return completed application to:
Iowa Central Community College
Attn: Josh Kraushaar- MLT Instructor
One Triton Circle
Fort Dodge, Iowa 50501

Social Security Number ______-______-______

Name ________________________________________________

Last                                   First                                  Middle                   Maiden

Address: ________________________________________________

Street                      City                          State                   Zip

Home Phone ( ____ ) ______-______

Alternate Phone ( ____ ) ______-______

*Students will be notified no later than April 1, 2016 of their status in the program

High School(s) ____________________________________________

Graduation Date (Month/Year) ________________________ Cumulative GPA_____

GED Test Date (Month/Year) ____________________________ GED Test Score ______

*Please include a copy of either your high school transcripts or GED Scores.
An official transcript will be required upon acceptance into the program.

Post-Secondary Education

_____________________________  _______ _______________     _____________
College                                  State       Dates Attended         Degree(s) earned

_____________________________  _______ _______________     _____________
College                                  State       Dates Attended         Degree(s) earned

_____________________________  _______ _______________     _____________
College                                  State       Dates Attended         Degree(s) earned

_____________________________  _______ _______________     _____________
College                                  State       Dates Attended         Degree(s) earned

*Please include an unofficial/copy of transcripts from all colleges attended.
An official transcript will be required upon acceptance into the program.
Minimum Requirements for Application
The following criteria are required for admission into the Iowa Central Medical Laboratory Technician program. If a student does not meet the requirements below he/she will not be considered for the program until they have completed specific college courses and/or re-taken the appropriate assessment test(s). Please contact the health science associate if you have questions regarding your status or to confirm assessment scores taken at Iowa Central.

High School Diploma/GED or Equivalent (Eight (8) hours of college credit with a 2.0 GPA)

<table>
<thead>
<tr>
<th>High School GPA</th>
<th>2.5</th>
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</thead>
<tbody>
<tr>
<td>GED Scores</td>
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Assessment Scores
ACT- Score of 18 or higher in Reading, English, and Math
Compass- Score of 65 or above in writing, 80 in reading, and score of P39 or above in Pre-Algebra or A46 in Algebra
Asset – Scores of 40 or higher
ALEKS (math) – Score of 20

**Any student applying to the Medical Laboratory Technician Program whose native language is NOT English must provide official evidence of English language proficiency for admission. This requirement may be met by taking and passing the TOEFL test with a minimum of 17 in each of the following categories: Reading, Listening, Speaking, and Writing. Completion of Composition 1 or another English course will NOT meet this requirement.

*Applicants must submit a copy of their ACT, SAT, or Compass test, unless taken at Iowa Central Community College (Asset/Compass only). Only one test is required, however applicants who have taken a test more than once, or have taken different tests, are encouraged to send in as many different tests as they would like. The highest scores from each category will always be used for evaluation.

Personal References
Students must have two references fill out the Personal Reference Form that is included in the application packet. References must not be friends or family members.

Clinical Travel
Students accepted into the program will be responsible for all expenses incurred while traveling to and from all clinical sites or classes.

Background Check
All students starting the Medical Laboratory Technician Program must complete a Criminal Record/Child and Adult Abuse Check prior to attending clinical. Background check forms will be distributed the spring before clinical. The cost of the background check is the responsibility of the student.

The Medical Laboratory Technician Program at Iowa Central Community College is a limited-enrollment program. All students interested in this exciting and challenging program are encouraged to apply.

Interview
Students applying to the MLT program may be called in for an interview with the program coordinator before the final decision is made about acceptance to the program.

Applicant’s Signature _______________________________ Date ______________
Iowa Central Community College  
Medical Laboratory Technician Program of Study

Please mark any of the courses below you have completed or are currently enrolled in, including the date.

1. BIO – 168 Human Anatomy & Physiology I w/lab  
   ________ Enrolled  Year Completed ________

2. HSC 113 Medical Terminology  
   ________ Enrolled  Year Completed ________

3. BIO 173 Human Anatomy & Physiology II w/lab  
   ________ Enrolled  Year Completed ________

4. ENG 105 Composition I  
   ________ Enrolled  Year Completed ________

5. PSY 111 Introduction to Psychology OR PSY – 121 Developmental Psychology  
   ________ Enrolled  Year Completed ________

6. CHM 110 Introduction to Chemistry  
   ________ Enrolled  Year Completed ________

7. CHM 111 Introduction to Chemistry Lab  
   ________ Enrolled  Year Completed ________

8. BIO 186 Microbiology w/lab  
   ________ Enrolled  Year Completed ________

Please include any other college level classes you have completed or are currently taking, including the date and grade received.

1. Course Name ___________________________ Date Taken ________________ Grade ______

2. Course Name ___________________________ Date Taken ________________ Grade ______

3. Course Name ___________________________ Date Taken ________________ Grade ______

4. Course Name ___________________________ Date Taken ________________ Grade ______

5. Course Name ___________________________ Date Taken ________________ Grade ______

6. Course Name ___________________________ Date Taken ________________ Grade ______

7. Course Name ___________________________ Date Taken ________________ Grade ______

8. Course Name ___________________________ Date Taken ________________ Grade ______

*If more room is needed, please attach another sheet of paper with the list of the classes you have taken.  
Please enclose an official transcript if the above courses were completed at an institution other than Iowa Central Community College.  
If a transcript was previously sent to Iowa Central, please include an unofficial copy of the transcripts in this packet.  No points will be awarded if we do not have documentation of the courses completed.
Iowa Central Community College
Health Related Work Experience Verification Form

*Please list all previous work experience you have had in the health field, beginning with the most recent.
**All areas on this form must be complete for each position held or you will not be given credit for your work/volunteer experience.

Dates of Employment: From _______________________   To _______________________  
Month/year       Month/year
Name of Facility ______________________________ Total Hours Worked ______________
Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Dates of Employment: From _______________________   To _______________________  
Month/year       Month/year
Name of Facility ______________________________ Total Hours Worked ______________
Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Dates of Employment: From _______________________   To _______________________  
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Name of Facility ______________________________ Total Hours Worked ______________
Phone Number ______________________________      Supervisor _____________________

Briefly describe your job responsibilities:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Personal Reference Form

Pursuant to Public Law 93-380, all letters of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.

The signature below constitutes a waiver of the applicant’s right of access to this recommendation should he/she be accepted into the Medical Laboratory Technician Program.

Signature__________________________________ Date ______________________

If not signed, this recommendation can be available to the applicant. Iowa Central Community College prohibits discrimination and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. Iowa Central Community College also affirms its commitment to providing equal opportunities and equal access to Iowa Central facilities. For additional information on nondiscrimination policies, contact the Special Populations Coordinator, (515) 574-1045, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501.

The applicant named below has requested admission to the Medical Laboratory Technician Program at Iowa Central Community College. Your response to this inquiry will assist the Admissions Committee in assessing the applicant. The program’s faculty believes these are important items to be considered along with other data in predicting the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant’s characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicants name: _____________________________

How long have you known the applicant? ____________________

In what capacity do you know the applicant (supervisor, instructor, etc.)? ____________________

Please complete the following table by marking the appropriate box

<table>
<thead>
<tr>
<th>Responsiblity – ability and willingness to accept responsibility; complete tasks, and honor commitments.</th>
<th>Exceptional Top 2%</th>
<th>above Average Top 1/3</th>
<th>average 50%</th>
<th>below average</th>
<th>Poor-Below 1/3</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude – Displays positive actions and behaviors</td>
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<td>Problem Solving – Takes initiative and has the ability to identify, confront, and solve problem situations.</td>
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<td>Honesty – Extent to which the candidate displays an ethical code of integrity</td>
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<tr>
<td>Motivation – Degree to which candidate applies self without prompting</td>
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<td>Appearance – Extent to which professional standards of neatness or cleanliness are met</td>
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<tr>
<td>Stress/Anxiety – Ability to handle or cope with stressful/anxious situations</td>
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<tr>
<td>Interpersonal Relationships – Ability to interact &amp; communicate in a positive manner with co-workers and peers</td>
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<tr>
<td>Respect – Demonstrates respect for self and others</td>
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<td>Constructive Criticism – Ability to clearly express oneself</td>
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<td>Verbal/Written Skills – Ability to clearly express oneself</td>
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<td>Attendance Reliability</td>
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<tr>
<td>Organizational Skills – Uses time wisely and prepares for upcoming events</td>
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</tbody>
</table>

Please feel free to make comments explaining selections made in the previous table, as well as present additional information you believe would be relevant to this applicant’s pursuit of admission.
Please check one of the following categories that best describes your overall rating of the candidate:

- [ ] Recommend with enthusiasm
- [ ] Recommend with confidence
- [ ] Recommend with reservations
- [ ] Do not recommend

_______________________________
Name of Evaluator (Please Print)       Signature of Evaluator               (date)

_______________________________
Title/Position

_______________________________
Address                                                                           Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
Attn: Stacy Mentzer – MLT Coordinator
One Triton Circle
Fort Dodge, Iowa 50501
Personal Reference Form

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__________________________________________________________________________________________________

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_____ Recommend with enthusiasm
_____ Recommend with confidence
_____ Recommend with reservations
_____ Do not recommend

Name of evaluator (Please Print) __________________________________________ Signature of Evaluator ___________________________ (date)

Title/Position __________________________________________________________

Address __________________________ Phone number can be reached at __________

Thank you for your cooperation in evaluating this applicant.

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Iowa Central Community College
Attn: Stacy Mentzer – MLT Coordinator
One Triton Circle
Fort Dodge, Iowa 50501
# Medical Laboratory Technician Program of Study

## (60 minute hour)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Name</th>
<th>Lect. hrs</th>
<th>Lab hrs</th>
<th>Sem. hrs</th>
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<tr>
<td><strong>First Semester</strong></td>
<td><strong>Course Name</strong></td>
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<tr>
<td>BIO-168</td>
<td>Human Anatomy &amp; Physiology I w/ Lab</td>
<td>45</td>
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<td>HSC-113</td>
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<td>MLT-111</td>
<td>Fundamentals of Laboratory Science</td>
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<td>Urinalysis</td>
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<td>CHM-110</td>
<td>Introduction to Chemistry</td>
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<td>CHM 111</td>
<td>Introduction to Chemistry Lab</td>
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<td>Human Anatomy &amp; Physiology IIA with Lab</td>
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<tr>
<td>BIO-186</td>
<td>Microbiology</td>
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<tr>
<td>MLT-133</td>
<td>Erythrocyte Hematology</td>
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<tr>
<td>MLT-171</td>
<td>Immunology &amp; Serology</td>
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<td>PSY-111</td>
<td>Introduction to Psychology</td>
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<td>PSY-121</td>
<td>Developmental Psychology</td>
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<td>ENG-105</td>
<td>Composition I</td>
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<td>MLT-250</td>
<td>Clinical Microbiology</td>
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<td>MLT-241</td>
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<td>MLT-253</td>
<td>Parasitology &amp; Mycology</td>
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<td>MLT-243</td>
<td>Clinical Chemistry II</td>
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<td>MLT-280</td>
<td>Clinical Practicum I</td>
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<td>Clinical Seminar &amp; Review</td>
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<td>MLT-281</td>
<td>Clinical Practicum II</td>
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<td><strong>78 Weeks, Average Clock Hours/Week:</strong></td>
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