



## SCHOOL OF MEDICAL TECHNOLOGY

### POST GRADUATION SURVEY

This survey will be completed by graduates of the MT program within 2 years of graduation.

The responses to this survey will be utilized to evaluate each rotation section, and to make appropriate changes for the overall improvement of the Medical Technology Program. **Answer all questions as honestly as possible.**

Class Year \_\_\_\_\_

**I. Please complete the following table indicating your overall impression of the lecture courses provided in the program in relation to your overall preparation for certification and as a MT.**

The response choices are a scale of 1-5. Please write the number in space provided for each statement that corresponds to your choice.

**1 – Poor                  2 – Fair                  3 – Average                  4 – Good                  5 – Excellent**

Lectures	Blood Bank	Topics in MT	Urinalysis	Chemistry	Microbiology	Mycology	Hematology	Hemostasis	Virology	Parasitology	Immunology
Quality of Theory Instruction											
Quality of Review for tests											
Quality of Exams/tests											
Provision of resources/references											
Review for certification exam											

What changes would you recommend to improve the overall lecture series in the MT program?

**II. Please complete the following table indicating your overall impression of the bench training provided in the program in relation to your overall preparation for the MT profession.**

The response choices are a scale of 1-5. Please write the number in space provided for each statement that corresponds to your choice.

**1 – Poor      2 – Fair      3 – Average      4 – Good      5 – Excellent**

<b>Departments</b>	<b>Blood Bank</b>	<b>Phlebotomy</b>	<b>Urinalysis</b>	<b>Chemistry</b>	<b>Microbiology</b>	<b>Serology</b>	<b>Hematology</b>	<b>Histology</b>
Quality of Bench Instruction								
Quality of Practice								
Quality of Evaluations/Practicals/Tests								
Provision of Resources/References								
Preparation for Profession								

What changes would you recommend to improve the overall bench training in the MT program?

**III. Answer the following questions:**

1. Would you recommend this program to prospective students?

Yes \_\_\_\_\_ No\_\_\_\_\_

If No, Why?

2. Are you certified?

Yes \_\_\_\_\_ No\_\_\_\_\_

If Yes, by Whom, Credentials, and Year?

3. Professional membership:

4. Employment History:

City/State	Name of Hospital	Length	Bed Size	Position/Shift

5. Have you been employed as a Medical Technologist? Yes \_\_\_\_\_ No\_\_\_\_\_

If No, Why?

6. I am currently working as:

\_\_\_\_\_ on \_\_\_\_\_ shift.

7. My future plans for professional development include:

8. Additional Comments:

CCMH School Of Medical Technology  
**POST GRADUATION SURVEY**

1. Please mail your completed survey to: Program Director, School of Medical Technology, PO Box 129, 3401 W. Gore Blvd, Lawton, OK, 73505.  
or
2. You can FAX your completed survey to: Program Director, School of Medical Technology at 580-585-5462  
or
3. Email completed survey as attachment to: [ParyagS@ccmhonline.com](mailto:ParyagS@ccmhonline.com)

Thank you for your participation.