



## SHADOWING PROGRAM APPLICATION

Projected MT/MLS School Internship Year: \_\_\_\_\_ to \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: (     ) - (     ) - (     )  
(Last)                      (First)                      (Maiden/Middle)

PRESENT ADDRESS: \_\_\_\_\_ Tele: (     )  
(Street/Box #)                      (City)                      (State)                      (Zip)

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF UNIVERSITY: \_\_\_\_\_

CURRENT COLLEGE ADVISOR: \_\_\_\_\_

TOTAL COLLEGE HOURS COMPLETED: \_\_\_\_\_ OVERALL GRADE POINT AVERAGE: \_\_\_\_\_

HONORS & ACTIVITIES AT COLLEGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_  
(Name)                                      (Address)                                      (Date Graduated)

**IN YOUR OWN HANDWRITING, PLEASE STATE WHY YOU ARE INTERESTED IN MEDICAL TECHNOLOGY:**

SHADOWING HOURS REQUESTED:

- 16 hours (minimum)
- 20 hours
- 30 hours
- 40 hours (maximum)
- Other \_\_\_\_\_

DATE AVAILABLE:

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DAYS AVAILABLE AND TIME:

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I HEREBY DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ 201 \_\_\_\_\_

Print Name: \_\_\_\_\_

PLEASE ENCLOSE THE FOLLOWING, and mail to Comanche County Memorial Hospital Lab; Stacey Paryag, MPA, AHI(AMT), MLS(ASCP)CM; Program Director; 3401 West Gore Boulevard, Lawton, OK 73505.

- Completed application (this form)
- Current college transcript (unofficial/photocopy acceptable)

**Application Deadline: First Friday in May**

*A Certificate of Participation is awarded to the applicant upon successful completion.*