

OKLAHOMA SCHOOL OF MEDICAL TECHNOLOGY/MEDICAL LABORATORY SCIENCE
STUDENT APPLICATION

APPLICATION DEADLINE: OCTOBER 15TH
Application for class beginning: Summer 201___

NAME: _____
(Last) (First) (MI) (Maiden)

SSN: ()-()-()

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

PERMANENT ADDRESS: _____ Tele: ()
(Street/Box #) (City) (State) (Zip)

CONTACT IN CASE OF ACCIDENT/EMERGENCY: _____
(Last) (First) (MI)

ADDRESS: _____ Tele: ()
(Street/Box #) (City) (State) (Zip)

PERSONAL E-MAIL ADDRESS: _____

DO YOU EXPECT CREDIT FOR CLINICAL EDUCATION TO APPLY TOWARD A DEGREE? () Yes () No

IF YES, NAME OF INSTITUTION GRANTING DEGREE: _____

CURRENT COLLEGE ADVISOR: _____

COLLEGES ATTENDED (MOST RECENT FIRST):

<u>Name of College</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree Conferred (or hours earned)</u>

TOTAL COLLEGE HOURS COMPLETED: _____ CUMULATIVE GRADE POINT AVERAGE: _____ MAJOR: _____

HONORS & ACTIVITIES AT COLLEGE: _____

SCHOLARSHIPS AND/OR GRANTS: _____

TECHNICAL OR PROFESSIONAL SCHOOLS ATTENDED: _____

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE U.S.A? () Yes () No

If so, did your military experience relate to Medical Technology? () Yes () No

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST SEVEN YEARS?

() Yes () No

IF YES, PLEASE EXPLAIN INCLUDING DATE(S), CHARGE(S), PENALTY(IES) AND DISPOSITION(S) ON A SEPARATE SHEET.

Note: A conviction will not necessarily automatically disqualify you for admission. Rather, factors such as date of conviction and seriousness or nature of the crime will be considered. However, false, misleading or incomplete information will likely result in rejection of your application or dismissal from MT/MLS school.

BACKGROUND CHECK REQUIREMENT

Applicants are required to obtain a background report from www.castlebranch.com. Click *Place Order* and enter the *Package Code* obtained from an Oklahoma hospital program director or university advisor. This report will be used for all Oklahoma hospital-based MT/MLS programs to which you are applying.

EMPLOYMENT RECORD (List current or most recent employment first):

<u>Employing Firm and Address</u>	<u>Job Titles or Duties</u>	<u>Immediate Supervisor</u>	<u>Dates Employed</u>	<u>Reason for Leaving</u>

REFERENCES*:

	<u>Name</u>	<u>Address</u>
1.	SCIENCE PROFESSOR	
2.	SCIENCE PROFESSOR	

* These should be sent directly to the hospital program by the professors. (DO NOT ENCLOSE THEM WITH THIS APPLICATION.)

INTERESTS & HOBBIES:

IN YOUR OWN HANDWRITING IN THE SPACE PROVIDED, PLEASE STATE WHY YOU ARE INTERESTED IN MEDICAL TECHNOLOGY AND WHAT YOU PLAN TO DO AFTER COMPLETING YOUR EDUCATION:

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:

1. Completed application (photocopies acceptable)
2. Current official college transcript in sealed envelope
3. List of current and/or planned courses
4. **Application processing fee (\$10.00 per OCCLSA hospital-based program); made payable to OCCLSA by cashier's check or money order**

Disclaimer: Final acceptance is contingent upon the applicant successfully passing the physical exam, drug screen and criminal background check.

Please mail application and check or money order to the following address(es):

Comanche County Memorial Hospital

Attn: Stacey Paryag-Stevens, Laboratory
3401 West Gore Boulevard
Lawton, OK 73505

Mercy Hospital Ada

Attn: Leah Babcock, Laboratory
430 North Monte Vista
Ada, OK 74820

Saint Francis Hospital

Attn: Nathan Harden, Laboratory
6161 South Yale Avenue
Tulsa, OK 74136

Oklahoma Society Medical Technology Educators approved form, 1981; Oklahoma Society Clinical Laboratory Educators approved form, 1994; Oklahoma Consortium of Clinical Laboratory Science Affiliates approved form, 2004, 2006, 2009, 2012.