



ADMISSIONS

- ❖ *Application and Admission Process*
- ❖ *Application Form*
- ❖ *Recommendations*
- ❖ *Course List & GPA Computation*
- ❖ *Essential Functions*
- ❖ *Matching Procedure*

Mail Your Completed Application Form to:

Stacey Paryag-Stevens,
MPA, AHI(AMT), MLS(ASCP)CM
Program Director
Comanche County Memorial Hospital School of Medical Technology
Laboratory Department
P.O. Box 129
3401 West Gore Blvd
Lawton, OK 73502

Join our Team!



We Do It Well

3+1 STUDENT VERSUS 4+1 STUDENT

3+1 Option

- Baccalaureate Candidate (3 years of college + 1 year medical technology program internship)
- Tuition is paid to university
- Student will be enrolled in university
- Grades from MT School will be applied to College transcript (30 semester hours)
- Student will have to file for graduation to university
- Bachelor's degree in Medical Technology will be awarded after successful completion of internship year from respective university

4+1 Option

- Post Baccalaureate Candidate (Baccalaureate degree + 1 year medical technology program internship)
- Tuition is paid to hospital. Please contact program director for more information.
- Student will not be enrolled in university
- Grades from MT School will not be applied to College transcript
- Student already has a Science bachelor's degree

ALL Applicants must complete all prerequisite classes before the start of the MT program.



PROCEDURE: APPLICATION AND ADMISSION PROCESS
EFFECTIVE DATE: 11/10
REVISION DATE: 9/13, 6/15, 10/15, 10/16, 7/17
REVIEW DATE: 10/14

The Oklahoma Consortium of Clinical Laboratory Science Affiliates (OCCLSA) supports the student application procedure for admission to an affiliated hospital medical technology/medical laboratory science program.

Please note that medical technology (MT) and medical laboratory science (MLS) are synonymous. Preferred terminology currently is medical laboratory science.

Affiliated Oklahoma Hospitals

Comanche County Memorial Hospital	Lawton, Oklahoma
Mercy Hospital Ada	Ada, Oklahoma
Mercy Hospital Ardmore (clinical affiliate of Mercy Hospital Ada)	Ardmore, Oklahoma
Saint Francis Hospital	Tulsa, Oklahoma

PURPOSE

To provide a standardized, systematic process in applying for admission to a hospital-based Oklahoma school of medical laboratory science program.

POLICY

1. Applicant must meet one of the following two requirements:
 - 1.1. 3+1 Option: Applicant must be a baccalaureate candidate at an affiliated university. Applicant must have completed all prerequisite courses required by the university/college and the hospital-based MT/MLS program.
 - 1.2. 4+1 Option: Applicant must have a bachelor degree (post baccalaureate candidate) and have completed all of the prerequisite courses required by the hospital-based MT/MLS program.



2. Applicant must complete all Program Prerequisite Courses at the university prior to entrance into the program:

Program Prerequisite Courses

Biological Sciences (minimum of 16 credit hours)

Microbiology (Bacteriology)
Immunology
Physiology or Anatomy
Biological Sciences Elective

Chemistry (minimum of 16 credit hours)

Inorganic Chemistry (2 courses)
Organic Chemistry
Biochemistry

Mathematics (minimum of 3 hours)

College Algebra or Higher

Introductory survey courses do not fulfill the requirement of Program Prerequisite Courses. (Note: "Survey of Biochemistry" offered at Oklahoma State University meets the requirements of Biochemistry, as it is not a true survey course.)

3. Grade Point Average (GPA) Requirements

Student transcripts are evaluated using the 4.0 grading scale

Cumulative GPA

Applicant must have a minimum 2.5 cumulative GPA. Cumulative GPA will be obtained from the transcript of the university granting the degree.

*Comanche County Memorial Hospital will only grant interviews to students with a minimum cumulative GPA of 2.8 on a 4.0 scale.

Science GPA

Applicant must have a minimum 2.5 GPA in biology and chemistry courses. Science GPA will be calculated by the program director and will include all attempts of biology and chemistry courses by the applicant, excluding withdraws. If applicant repeats a course, both the original grade and repeated grade will be included in the GPA calculation.



Minimum Grade

Applicant must receive a C or better in the following courses:

Microbiology
Immunology
Physiology or Anatomy
General Chemistry I
General Chemistry II
Organic Chemistry I
Biochemistry I
College Algebra

Any grade below a C in the above courses will need to be retaken prior to entry. If another class is used as a substitute in one or more of the above courses, applicant must receive a C or better in that course.

Coursework Update

Applicants who received their degree seven or more years before application are to update coursework. At minimum, applicant must retake Microbiology, Immunology, and Biochemistry with a C or better in each course.

4. Applications shall be postmarked on or before the October 15th deadline.

Late applications will not be considered for that year's class unless there are positions available after the matching process has occurred.

5. Program director will grant an interview only to applicants who have met or will meet the academic requirements and complete the application process by October 15th.
6. Final acceptance is contingent upon successfully completing all university coursework for classes prior to entrance into the program.
7. Final acceptance is contingent upon applicant successfully passing the background check performed by www.castlebranch.com.
8. Final acceptance is contingent upon successful completion of safety requirements of the individual program if applicable (i.e., physical examination, urine drug screen, TB skin test, and proof of immunizations).



PROCEDURE

Baccalaureate Candidate (3+1 Option)

Note: 3+1 Option = 3 years of college + 1 year Medical Laboratory Science (MLS) program.

1. Consult university advisor about MLS major requirements. All MLS major requirements are to be completed prior to entry with the exception of 30 credit hours obtained from the internship.
2. Obtain an application packet from your university advisor or the hospital MLS program director.
3. Contact hospital program director for background check instructions to complete the required online background check performed by www.castlebranch.com.
4. Submit the following information to the hospital program director:
 - Completed and signed application form including application fee
 - Official transcript(s) from all universities/colleges attended
 - List of planned courses (current and upcoming semesters)
 - Two completed academic reference forms
 - Employer reference (if applicable)
 - Essential Functions for Admission form
 - Release of Confidential Information form
 - Online background check report performed by www.castlebranch.com.
5. Program director will contact student to schedule an interview once all required documents have been submitted.
6. Complete and submit Matching Form by January 20th to OCCLSA Matching Committee. (Note: mail your Matching Form by certified mail to assure its arrival.)
 - Selection of students will be the last Friday in January.
 - Notification letter to student(s) matched with a MLS program will be sent by program director on or before February 7th.
 - Notification letter to student(s) not matched with a MLS program will be sent by OCCLSA Matching Chairman on or before February 7th.
7. Submit a typed acceptance letter to the program director by February 15th if matched with a MLS program.
8. Consult university advisor for clinical courses enrollment and tuition payment.
9. Contact program director about other expenses (books, uniforms, professional liability insurance, and national certification exam).



Post-baccalaureate Candidate (4+1 Option)

Note: 4+1 Option = Baccalaureate Degree + 1 year Medical Laboratory Science (MLS) program.

1. Consider contacting university advisor about the option of obtaining second degree in medical technology/medical laboratory science and applying as a 3+1 applicant.
2. Contact hospital MLS program director for the program requirements.
3. Request a MLS application packet and Background Check Instructions from the program director.
4. Submit all required documents to program director as described in Baccalaureate Candidate (3+1 option) Section, Item 4, as well as a copy of university/college degree certificate.
5. 4+1 applicants who possess a foreign baccalaureate degree are to have their transcript evaluated by an ASCP approved agency.
6. Program director will contact student to schedule an interview.
7. Complete and submit Matching Form by January 20th to OCCLSA Matching Committee. (Note: mail your Matching Form by certified mail to assure its arrival.)
 - Selection of students will be the last Friday in January.
 - Notification letter to student(s) matched with a MLS program will be sent by program director on or before February 7th.
 - Notification letter to student(s) not matched with a MLS program will be sent by OCCLSA Matching Chairman on or before February 7th.
8. Submit a typed acceptance letter to the program director by February 15th if matched with a MLS program.
9. Contact program director for expenses of the clinical training (clinical education fee, books, professional liability insurance, uniforms, and board of certification exam).

REVIEWED BY:

Oklahoma Consortium of Clinical Laboratory Science Affiliates

THIS PAGE INTENTIONALLY LEFT BLANK

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.

OKLAHOMA CONSORTIUM OF CLINICAL LABORATORY SCIENCE AFFILIATES
STUDENT ACADEMIC EVALUATION FORM

NAME OF STUDENT (Please print name in full): _____

STUDENT INSTRUCTIONS: Please complete page 1 and then have your instructor/advisor complete page 2.

INSTRUCTOR/ADVISOR INSTRUCTIONS: Please complete page 2 of this form. Sign the document and mail it to the program director(s) of the MLS program(s) to which the student is applying. A separate letter of recommendation is encouraged, but not required, to accompany this form.

PERMISSION TO RELEASE PERSONALLY IDENTIFIABLE AND/OR
WAIVER OF RIGHT TO INSPECT OR REVIEW CONFIDENTIAL LETTER OF RECOMMENDATION
(FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED)

I, _____, () do () do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letter or letters of reference or confidential letters of recommendation to be hereafter written in my behalf by:

_____ (Name of person asked to write recommendation)

Furthermore, I grant the above named person permission to release specific and personally identifiable information about me from my educational record in order that he/she may fulfill my request to complete this academic evaluation form. He/she may release to the party or parties named below:

- () any such information he/she may release, or
- () only the information on this form.

The above named person may also release the information verbally to the party or parties listed below.

This waiver is not operative and becomes null and void if at any time said recommendations are used for any purpose other than these which are specifically intended. My specific intention is:

- () respecting admission to an educational agency or institution
- () other (specify): _____

The student academic evaluation form must be sent to: Program Director, School of Medical Laboratory Science, for the school indicated below:

_____ Comanche County Memorial Hospital Laboratory; Stacey Paryag-Stevens, MPA, AHI(AMT), MLS(ASCP)^{CM}; Program Director; 3401 West Gore Boulevard, Lawton, OK 73505; Phone: (580) 355-8699, ext 4762; Fax: (580) 585-5462

_____ Mercy Hospital Ada Laboratory; Leah Babcock, MS, MT(ASCP); Program Director; 430 North Monte Vista, Ada, OK 74820; Phone: (580) 421-1596; Fax: (580) 421-1525

_____ Saint Francis Hospital Laboratory; Nathaniel D. Harden, MS, MLS(ASCP); Program Director; 6161 South Yale Avenue, Tulsa, OK 74136-1902; Phone: (918) 494-6342; Fax (918) 494-1497

 Signature of Waiving Party (Applicant)

 Date

OKLAHOMA CONSORTIUM OF CLINICAL LABORATORY SCIENCE AFFILIATES
STUDENT ACADEMIC EVALUATION FORM

This page to be completed by instructor/advisor.

NAME OF STUDENT (Please print name in full): _____

I. SCHOLASTIC ABILITY

A. Where would you rank this applicant with those currently in your department/class? Please indicate ranking criteria: class () department () other ()

LOWER 1/3 () MID 1/3 () UPPER 1/3 ()

B. In your opinion, is the applicant's scholastic record an accurate index?

YES () NO () DON'T KNOW ()

ADDITIONAL COMMENTS:

II. PERSONAL APPRAISAL

A. How long have you known this applicant? () less than 1 year () 2-3 years () 3 or more years

In what capacity? () Instructor - List course(s) _____ () Advisor

B. Rate the applicant on the following qualifications, in comparison to other students in classes.

(5 = Outstanding; 3 = Average; 1 = Poor)

5	4	3	2	1	Not Observed	
_____	_____	_____	_____	_____	_____	Psychomotor
_____	_____	_____	_____	_____	_____	Manual dexterity
_____	_____	_____	_____	_____	_____	Laboratory skills
_____	_____	_____	_____	_____	_____	Safe practices
_____	_____	_____	_____	_____	_____	Accuracy of results
_____	_____	_____	_____	_____	_____	Cognitive
_____	_____	_____	_____	_____	_____	Academically competent
_____	_____	_____	_____	_____	_____	Written expression
_____	_____	_____	_____	_____	_____	Oral expression
_____	_____	_____	_____	_____	_____	Critical thinker/problem solver
_____	_____	_____	_____	_____	_____	Affective
_____	_____	_____	_____	_____	_____	Motivation
_____	_____	_____	_____	_____	_____	Dependability
_____	_____	_____	_____	_____	_____	Attendance/Punctuality
_____	_____	_____	_____	_____	_____	Cooperation with others
_____	_____	_____	_____	_____	_____	Adaptable/flexible to change
_____	_____	_____	_____	_____	_____	Follows instructions
_____	_____	_____	_____	_____	_____	Emotional stability
_____	_____	_____	_____	_____	_____	Leadership skills

C. Overall recommendation:

_____ Highly Recommended

_____ Recommended with Reservations

_____ Recommended

_____ Not Recommended

NAME (INSTRUCTOR/ADVISOR): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

INSTITUTION: _____

OKLAHOMA CONSORTIUM OF CLINICAL LABORATORY SCIENCE AFFILIATES
STUDENT ACADEMIC EVALUATION FORM

NAME OF STUDENT (Please print name in full): _____

STUDENT INSTRUCTIONS: Please complete page 1 and then have your instructor/advisor complete page 2.

INSTRUCTOR/ADVISOR INSTRUCTIONS: Please complete page 2 of this form. Sign the document and mail it to the program director(s) of the MLS program(s) to which the student is applying. A separate letter of recommendation is encouraged, but not required, to accompany this form.

PERMISSION TO RELEASE PERSONALLY IDENTIFIABLE AND/OR
WAIVER OF RIGHT TO INSPECT OR REVIEW CONFIDENTIAL LETTER OF RECOMMENDATION
(FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED)

I, _____, () do () do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letter or letters of reference or confidential letters of recommendation to be hereafter written in my behalf by:

_____ (Name of person asked to write recommendation)

Furthermore, I grant the above named person permission to release specific and personally identifiable information about me from my educational record in order that he/she may fulfill my request to complete this academic evaluation form. He/she may release to the party or parties named below:

- () any such information he/she may release, or
- () only the information on this form.

The above named person may also release the information verbally to the party or parties listed below.

This waiver is not operative and becomes null and void if at any time said recommendations are used for any purpose other than these which are specifically intended. My specific intention is:

- () respecting admission to an educational agency or institution
- () other (specify): _____

The student academic evaluation form must be sent to: Program Director, School of Medical Laboratory Science, for the school indicated below:

_____ Comanche County Memorial Hospital Laboratory; Stacey Paryag-Stevens, MPA, AHI(AMT), MLS(ASCP)^{CM}; Program Director; 3401 West Gore Boulevard, Lawton, OK 73505; Phone: (580) 355-8699, ext 4762; Fax: (580) 585-5462

_____ Mercy Hospital Ada Laboratory; Leah Babcock, MS, MT(ASCP); Program Director; 430 North Monte Vista, Ada, OK 74820; Phone: (580) 421-1596; Fax: (580) 421-1525

_____ Saint Francis Hospital Laboratory; Nathaniel D. Harden, MS, MLS(ASCP); Program Director; 6161 South Yale Avenue, Tulsa, OK 74136-1902; Phone: (918) 494-6342; Fax (918) 494-1497

 Signature of Waiving Party (Applicant)

 Date

OKLAHOMA CONSORTIUM OF CLINICAL LABORATORY SCIENCE AFFILIATES
STUDENT ACADEMIC EVALUATION FORM

This page to be completed by instructor/advisor.

NAME OF STUDENT (Please print name in full): _____

I. SCHOLASTIC ABILITY

A. Where would you rank this applicant with those currently in your department/class? Please indicate ranking criteria: class () department () other ()

LOWER 1/3 () MID 1/3 () UPPER 1/3 ()

B. In your opinion, is the applicant's scholastic record an accurate index?

YES () NO () DON'T KNOW ()

ADDITIONAL COMMENTS:

II. PERSONAL APPRAISAL

A. How long have you known this applicant? () less than 1 year () 2-3 years () 3 or more years

In what capacity? () Instructor - List course(s) _____ () Advisor

B. Rate the applicant on the following qualifications, in comparison to other students in classes.

(5 = Outstanding; 3 = Average; 1 = Poor)

5	4	3	2	1	Not Observed	
_____	_____	_____	_____	_____	_____	Psychomotor
_____	_____	_____	_____	_____	_____	Manual dexterity
_____	_____	_____	_____	_____	_____	Laboratory skills
_____	_____	_____	_____	_____	_____	Safe practices
_____	_____	_____	_____	_____	_____	Accuracy of results
_____	_____	_____	_____	_____	_____	Cognitive
_____	_____	_____	_____	_____	_____	Academically competent
_____	_____	_____	_____	_____	_____	Written expression
_____	_____	_____	_____	_____	_____	Oral expression
_____	_____	_____	_____	_____	_____	Critical thinker/problem solver
_____	_____	_____	_____	_____	_____	Affective
_____	_____	_____	_____	_____	_____	Motivation
_____	_____	_____	_____	_____	_____	Dependability
_____	_____	_____	_____	_____	_____	Attendance/Punctuality
_____	_____	_____	_____	_____	_____	Cooperation with others
_____	_____	_____	_____	_____	_____	Adaptable/flexible to change
_____	_____	_____	_____	_____	_____	Follows instructions
_____	_____	_____	_____	_____	_____	Emotional stability
_____	_____	_____	_____	_____	_____	Leadership skills

C. Overall recommendation:

_____ Highly Recommended

_____ Recommended with Reservations

_____ Recommended

_____ Not Recommended

NAME (INSTRUCTOR/ADVISOR): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

INSTITUTION: _____



STUDENT WORK RECOMMENDATION FORM

NAME OF STUDENT (Please print name in full): _____

I. PERSONAL APPRAISAL

A. How long have you known this applicant? () less than 1 year () 2-3 years () 3 or more years

In what capacity? () Manager () Supervisor

B. Write a letter of recommendation on applicant with content of **at least five (5)** characteristic guidelines listed below in comparison to other workers in your department/firm.

Letter of Recommendation Guidelines

- Punctuality:** Ability to meet scheduled times
- Organization:** Extent to which applicant effectively plans and manages work and time
- Quality of Work:** Level of completeness, accuracy
- Complies with rules/regulations:** Ability to follow rules
- Ability to work under pressure:** Multitasking and adaptability to stress
- Responsibility:** Willingness to take on/assume responsibility
- Reaction to constructive criticism:** Acceptance and action
- Team Skills:** Ability to work collaboratively with others
- Empathy:** Sensitive to the needs of others
- Initiative:** Self-starter
- Motivation:** Depth of commitment to performing well at work
- Need for Supervision:** Level of ability to work alone

C. Overall recommendation of applicant to the MT program:

_____ Highly Recommended

_____ Recommended with Reservations

_____ Recommended

_____ Not Recommended

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

COMPANY: _____

**PERMISSION TO RELEASE PERSONALLY IDENTIFIABLE AND/OR
WAIVER OF RIGHT TO INSPECT OR REVIEW CONFIDENTIAL LETTER OF RECOMMENDATION
(FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED)**

I, _____, () do () do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letter or letters of reference or confidential letters of recommendation to be hereafter written in my behalf by:

_____ (Name of person asked to write recommendation)

Furthermore, I grant the above named person permission to release specific and personally identifiable information about me from my educational record in order that he/she may fulfill my request to write a letter of recommendation. He/she may release to the party or parties named below:

- () any such information he/she may release, or
- () only the information listed on the reverse side.

The above named person may also release the information verbally to the party or parties listed below.

This waiver is not operative and becomes null and void if at any time said letter or letters of reference or confidential recommendations are used for any purpose other than these which are specifically intended. My specific intention is:

- () respecting admission to an educational agency or institution
- () other (specify): _____

Such a letter of reference of confidential recommendations with this form is to be sent to: Program Director, School of Medical Technology, indicated below:

_____ Comanche County Memorial Hospital Lab; Stacey Paryag-Stevens, MPA, AHI(AMT), MLS(ASCP)^{CM};
Program Director; 3401 West Gore Boulevard, Lawton, OK 73505; Phone: (580) 355-8699, ext 4762;
Fax: (580) 585-5462

Signature of Waiving Party (Applicant)

Date

I AM CURRENTLY ENROLLED IN THESE COURSES IN **FALL** _____ :

	COURSE NAME & CREDITS		COURSE NAME & CREDITS		COURSE NAME & CREDITS
1		4		7	
2		5		8	
3		6		9	

I INTEND TO ENROLL IN THESE COURSES IN **SPRING** _____ :

	COURSE NAME & CREDITS		COURSE NAME & CREDITS		COURSE NAME & CREDITS
1		4		7	
2		5		8	
3		6		9	

I INTEND TO ENROLL IN THESE COURSES IN **SUMMER** _____ :

	COURSE NAME & CREDITS		COURSE NAME & CREDITS		COURSE NAME & CREDITS
1		4		7	
2		5		8	
3		6		9	

NAME OF STUDENT

SIGNATURE

DATE

PLEASE SUBMIT YOUR OFFICIAL TRANSCRIPT OF GRADES. PHOTOCOPIES ARE UNACCEPTABLE.



OCCLSA
COURSE LIST

Please complete the table by entering the Course Number, Course Title, and Grade received for each required course. Applicant must receive a C or better in the courses listed below. Any grade below a C in the above courses will need to be retaken prior to entry. If another class is used as a substitute in one or more of the courses below, applicant must receive a C or better in that course.

Course	Course Number	Course Title	Grade
Microbiology			
Immunology			
Physiology or Anatomy			
General Chemistry I			
General Chemistry II			
Organic Chemistry I			
Biochemistry I			
College Algebra			

THIS PAGE INTENTIONALLY LEFT BLANK



ESSENTIAL FUNCTIONS FOR MEDICAL TECHNOLOGY STUDENTS

Essential Observational Functions

- Observe laboratory demonstrations in which biological materials are tested for their biochemical, hematological, immunological, microbiological components.
- Characterize the color, odor, clarity, and viscosity of biologicals, reagents, or chemical reaction products.
- Employ a clinical grade binocular microscope to discriminate among fine structural and color differences of microscopic specimens.
- Read and comprehend text, numbers and graphs displayed in print and on a video monitor.

Essential Movement Functions

- Move freely and safely about the laboratory.
- Reach laboratory bench tops and shelves, and patients seated in specimen collection furniture.
- Perform moderately taxing continuous physical work, often requiring prolonged sitting over several hours.
- Maneuver phlebotomy and culture acquisition equipment to safely collect valid laboratory specimens from patients.
- Control laboratory equipment (i.e. pipettes, inoculating loops, test tubes) and adjust instruments to perform laboratory procedure.
- Employ an electronic keyboard to operate laboratory instruments and to calculate, record, evaluate and transmit laboratory information.

Essential Communication Functions

- Read and comprehend technical and professional materials (i.e. textbooks, journals, handbooks and instruction manuals).
- Follow verbal and written instructions in order to correctly and independently perform laboratory test procedures.
- Clearly instruct patients prior to specimen collection.
- Effectively, confidentially, and sensitively converse with patients regarding laboratory tests.
- Communicate with faculty members, fellow students, staff and other health care professionals verbally and in a recorded format.
- Independently prepares laboratory reports, and takes paper, computer and laboratory examinations.

Essential Behavioral Functions

- Manage the use of time and be able to systematize actions in order to complete professional and technical tasks within realistic constraints.
- Possess the emotional health necessary to effectively employ intellect and exercise appropriate judgment.
- Provide professional and technical services while experiencing the stresses of task-related uncertainty (i.e. ambiguous test ordering, ambivalent test interpretation), emergent demands (i.e. "stat" test orders) and distracting environment (i.e. high noise levels, crowding, complex visual stimuli).
- Be flexible and creative and adapt to professional and technical change.
- Recognize potentially hazardous materials, equipment and situations and practice safety in order to minimize risk of injury to patients, self and nearby individuals.
- Adapt to working with unpleasant biologicals.
- Support and promote the activities of fellow students and of health care professionals. Promotion of peers helps furnish a team approach to learning, task completion, problem solving and patient care.
- Be honest, compassionate, ethical and responsible. The student must be forthright about errors or uncertainty. The student must be able to look for ways to improve. The student must be able to evaluate the performance of fellow students and tactfully offer constructive comments.

ATTENTION ALL APPLICANTS

Please read the essential functions carefully, complete the statement below, and return this form to Comanche County Memorial Hospital School of Medical Technology, 3401 W. Gore Boulevard, Lawton, OK 73505.

I, _____, attest that I have read and understand the essential functions of the Medical Technology Program, and I believe that I can perform these essential functions with or without accommodations.

Student's Signature & Date

OKLAHOMA SCHOOL OF MEDICAL LABORATORY SCIENCE

PROGRAM MATCHING PROCEDURE

The Oklahoma Consortium of Clinical Laboratory Science Affiliates (OCCLSA) supports a matching program for placing their applicants. It is similar to the system used by the National Intern and Resident Matching Program for medical students. **AFTER applying and interviewing with individual hospital programs, the applicant will rank each hospital in order of preference and submit his/her matching form to the address below.** The hospitals will also submit a list of candidates for their Medical Laboratory Science Class in order of preference. **Each hospital and applicant list will then be matched on the last Friday in January.** Letters will be opened only on the day of the match. The applicant will be placed at his or her most preferred hospital which has listed that applicant on their acceptance list. In this system, the student is given priority.

1. Applicants and program directors must submit their matching forms between November 2nd and January 20th to:

OCCLSA
P.O. Box 115
Ada, OK 74820

Please send letters by certified mail to insure delivery. Be sure to include **full name and return address** on the outside of the envelope.

If applicants or program directors wish to change their original decisions, resubmit a revised form, including a note to state that this is to replace the first form.

2. Matching preference forms are available from hospital program directors. An applicant must rank, in order of preference, only those programs that he or she is willing to accept. No program has to accept any applicant they do not want, nor does any applicant have to accept any program they do not wish to attend.
3. Applicants will be notified of their acceptance into a program by the hospital program director.
4. **In order to confirm acceptance into a program, the applicant must submit a written letter of acceptance to that particular School of Medical Laboratory Science by February 15th.**
5. Applicants not matched in the process will receive notification of their status from the Matching Chairman no later than February 5th. If notification is not received, write to OCCLSA and mail to the address above.

PLEASE TYPE OR PRINT

Mail between November 2nd and January 20th to:
OCCLSA
P.O. Box 115
Ada, OK 74820

MATCHING FORM

NAME OF APPLICANT: _____

UNIVERSITY: _____

CURRENT MAILING ADDRESS: _____

PERMANENT MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS): _____ XXX-XX-

Please rank Schools of Medical Laboratory Science in order of preference. List hospitals that you are willing to attend if accepted.

1) _____

2) _____

3) _____

4) _____

SIGNATURE OF APPLICANT

DATE