

Medical Laboratory Technician Clinical Application





Health Sciences Campus 610 Texas Avenue, Suite 307 Shreveport, LA 71101 318.670.9350 318.670.6000

PROGRAM DESCRIPTION

Medical Laboratory Technicians (MLT) are health-care professionals skilled in the performance of laboratory procedures, which aid in the diagnosis, prognosis, treatment, and maintenance of the health of the patient. They perform a variety of procedures using intricate and sophisticated instrumentation. As a component of the profession of Medical Laboratory Technicians [also known as Clinical Laboratory Science (CLS)], MLTs are vital members of the health-care team and contribute significantly to the delivery of quality health care. With the influx of new laboratory procedures, knowledge, and instrumentation, there is an increasing need for MLTs. The student contemplating the profession should possess such personal attributes as interest in the sciences, self-motivation, dedication, discipline, a strong desire to help people, and must have high moral, academic and ethical standards. Technical standards include manual dexterity and visual acuity (normal color vision). The Medical Laboratory Technician program is a two-year program fully accredited by:

National Accrediting Agency of CLS 5600 N. River Rd Suite #720 Rosemont, IL 60018 Phone: 773-714-8880 Fax: 773-714-8886



ASSOCIATE OF

APPLIED SCIENCE- Medical Laboratory Technician

General Education Courses

Freshman English I
College Pre-Calculus Algebra
College Success
Computer Concepts

General Chemistry Lecture & Lab

Medical Terminology

Human Anatomy and Physiology Lecture and Lab I Human Anatomy and Physiology Lecture and Lab II General Microbiology Lecture and Lab Comm 200 or 210

Social/Behavior Sciences Elective

Medical Lab Technician Courses

Introduction to Phlebotomy
Introduction to Medical Lab Tech

Coagulation

Parasitology/Mycology

Clinical Hematology Clinical Chemistry

Clinical Microbiology

Clinical Urinalysis

Clinical Immunohematology

Clinical Immunology/Serology

<u> Clinical Practicum Courses</u>

Clinical Urinalysis Practicum
Clinical Hematology Practicum
Clinical Chemistry Practicum
Clinical Phlebotomy Practicum
Clinical Immunohematology Practicum
Clinical Microbiology Practicum
Clinical Immunology/Serology Practicum

Clinical Lab Science Review I



Division of Allied Health Medical Laboratory Technology

Dear MLT Candidate:

The time has come to apply for the MLT Program. This letter should be used as a date guideline for your application packet. I would advise you to be very observant of dates. Packets are due:

- July 15th for Fall Semester acceptance
- April 15th for Summer acceptance

MLT board interviews (Time and Date) will be sent to you via email. Make sure you submit a good email address in your packet.

This letter is to inform you that all requirements for the Clinical Practicum phase of the program, scheduled for the upcoming fall semester must be met for acceptance. The requirements are as follows:

- 1. A \$40 application fee (non-refundable) MONEY ORDER (made payable to SUSF). Please submit in package.
- 2. College GPA of 2.5 higher
- 3. A Sealed Official Transcript from ALL colleges attended (including SUSLA). E-Scripts are acceptable.
- **4. HESI Entrance exam**. This exam is not a pass or fail but an exam used to evaluate the student's learning style. **Cost \$40**
- 5. Completed application returned by the deadline date list above
- 6. Official Louisiana Immunization record
- 7. Brief narrative of intent- "Why Chose to be a Medical Lab Technician"
- 8. Three (3) letters of reference (Forms are included in the application packet)
- 9. Interview with MLT Interview Committee (TBA)
- 10. <u>Applicants must be at least 18 years of age</u> and be in sufficient mental and physical health to meet the minimum Essential Functions and Technical Standards. The standards are listed on page 2.

Please understand that admission into this phase of the program is competitive and the number of students selected depends strictly on the available clinical affiliates. If you have any questions in regards to the application or requirements, please feel free to contact my office at (318) 670-9350 or by email pbrown@susla.edu.

Technical Standards or Essential Functions

Medical Laboratory Technician Students must have abilities and skills as follows:

- 1. **Observation:** The applicant/student should be able to characterize color, odor, clarity and viscosity of biological, reagents or chemical reaction products. Therefore, the student must possess functional use of the senses of smell, vision and somatic sensation.
- 2. **Communication:** The applicant/student must be able to communicate effectively and sensitively orally and in writing with all members of the healthcare team. The student must have the ability to read and comprehend written material in order to correctly and independently perform laboratory test procedures.
- 3. **Psychomotor Skills**: The applicant/student must possess gross and fine manual dexterity sufficient to handle specimens or reagents and phlebotomy equipment and perform analytical procedures requiring the use of small, delicate tools, equipment and instruments. The applicant/student must possess vision and dexterity which allows him/her to focus and view specimens using a binocular microscope.
- 4. Intellectual/Conceptual and Cognitive Abilities: The applicant/student must be able to measure, calculate, reason, analyze and synthesize, integrate and apply information. The applicant/student should be able to use sufficient judgment to recognize and correct performance and problem solve unexpected observations or outcomes of laboratory procedures.
- 5. Behavioral and Social Attributes: The applicant/student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the performance of laboratory testing. Candidates must also be able to tolerate taxing workloads, function effectively under stress, adapt to a changing environment, display flexibility and function independently in the face of uncertainties or problems that might arise.
- 6. **Ethical Standards:** The applicant/student must demonstrate professional demeanor or behavior and must perform in an ethical manner in dealing with peers, faculty, staff and patients.
- 7. Academic Performance: The applicant/student must be able to obtain relevant information from lectures, seminars, laboratory sessions or exercises, clinical laboratory practicums and independent study assignments.

Reasonable accommodations for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. There will be no discrimination in the selection of program participants based on race, creed, color, gender, age, marital status, national origin, or physical or mental disability, providing mandatory standards can be met.

Good Luck,

Patricia' Raphiel-Brown

Associate Prof Patricia' Raphiel-Brown, MLT/Phlebotomy Program Director Southern University at Shreveport 610 Texas Ave Suite #307 Shreveport, Louisiana 71101 (318) 670-9350



Once accepted into the Medical Laboratory Technician Program the student will incur the following expenses

MLT Program Expenses

- Tuition- \$2500 \$3500
- Books Required

Additional fees added on as Program fees (included in the final tuition fees)

- Medical Laboratory Technician Program Entrance fee- (due the first day of class-NON-REFUNDABLE)
- Drug Screening
- Background Checks
- CRP Certification (Healthcare Provider)

Additional program requirements paid by the student- (NOT INCLUDED IN Program Fees)

- Program T-shirt, uniforms and shoes (Price will vary depending on the number of set you purchase)
- Physical Examination/Immunizations (Price will vary depend on the quantity of immunization needed to be incompliance)
- HESI entrance exam -\$40
- Practice Exams- \$50-\$100
- National Registry Exam -\$200-\$300
- Scantrons- Required
- ASCLS Student membership- \$50- Mandatory two-year membership for all students
- Annual ASCLS Conference/Quiz Bowl-- \$100-300 plus Hotel accommodations and transportation (Mandatory for all second year students)
- 3' Binder
- Pen
- Paper
- sharpie

Cost is subject to changes

REMINDER!!!!

DO NOT FORGET
YOUR
ONE PAGE
NARRATIVE!!!!

TYPED

"Why I CHOSE TO BE A MEDICAL LABORATORY TECHNICIAN"



DIVISION: ALLIED HEALTH

Application for admission to:

Medical Laboratory Technician

Southern University at Shreveport does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

PLEASE PRINT	OR TYPE			Application	n Date	/ /
Name in Full:						
	Last	(Any Others U	sed)	First	M	liddle
Home Address:						
	Number & Stre	eet Apt. #	City	County	State	Zip
Primary Phone:			Alternate	Phone:		<u>-</u>
Student Banner ID:	_U#		Personal E-mail:			
SUSLA E-mail:			Da	ate of Birth:	_	
_Last 4 of SSN#			_			_
Have you ever sub programs?	mitted an applica	ation to any Sou	uthern University at	Shreveport He	alth Sciences	s/Nursing
Yes	☐ No					
If yes, what	program?					
When: (app	roximate date) _					
Have you ever be	en arrested or o	convicted of a	felony or misdem	eanor?		
	□ No □ Yes					
If yes, p						_
A ro you	currently on Pro		If you w			

It is the student s responsibility to:

Return this application to the department of Medical lab Tech/Phlebotomy address below. It may be returned by mail or in person. Please put application in an 8 X 12 envelope. If you need further assistance, contact the Program Director's office at the Metro Campus or call at (318) 670 9350 or email: www.Pbrown@susla.edu

Mailing Address: Medical Laboratory Technician Department 610 Texas Ave Suite #307

Shreveport, La 71101

		niversity, vocational schools, allied	
Name of I	nstitution	City & State	Number of Credits Earned
	You will be required to send one (1	1) official copy of your transcript(s) fro	om all schools attended.
		, , , , , , , , , , , , , , , , , , , ,	
List any	scholastic honors:		
1 != (=	Barrana and Cartar ball (Cartar	DDT EMT -(-)	
List any	licenses or certificates held (ie, Ah	RRT, EMT, etc):	
Certain	minimum physical abilities and	characteristics are required in hea	alth sciences professions. See
www.sus	sla.edu/MLT for specific requirement	ents. Are you able to meet the Esse	ential Functions (technical skills
standard	ds) for the program to which you ar	re applying? Essential Functions are	included in the application.
	☐ Yes ☐ No		
l1	f "No," explain:		
	sign if you have read and understa	and the Essential Functions.	
	Applicants signature		Date
	note that to be compliant with on an interest to admission and the required prior to admission in the complex to a complex	clinical facility requirements, a ma on.	ndatory criminal background
Admiss	ion Checklist: (Please check off e	each item)	
	Complete Application and meet	t admission requirements	
	Official Transcripts		
	Reference forms (3)		
	Neielelice lollis (3)		
	Essential Function Line Signed.	. Included in application.	
	` ,	. Included in application.	

If any courses were taken at a school other than SUSLA, you *must* provide a copy of the transcript with your application. An unofficial SUSLA transcript can be submitted with a receipt showing that an official transcript has been paid for. E-Scripts are acceptable from all universities that you have attended.

considered for selection into the program.	
hereby certify that the information contained in this application knowledge. I understand that any misrepresentation or falsifical admission or expulsion from the College. I understand that the information by the faculty and staff of the Southern University at Shrevepo	tion of information is cause for denial of irmation contained in this application will be
Signature of Applicant	 Date

For Faculty Use Only					
NOTE: requires faculty initials					
Completion Checklist:					
All applicants must meet admission requirements All required documents were submitted					
If any courses were taken at an institution other than SUSLA, you must provide a transcript with your application.					

Associate Degree for Medical Laboratory Technician

Southern University-Shreveport

Recommendation of Applicant Form

This form comprises a necessary part of the student's application for admission to the Clinical Phase of the Medical Laboratory Technician Program. Please take a moment to complete the form and return it back to the applicant in a sealed envelope.

Note: Each applicant is asked to read and sign the following statement before distributing this form to references. I hereby waive my right of access to such confidential material contained in my individual department file and hereby authorize the department and Southern University to use such letters, statements and recommendations in connection with my request for admission to the clinical phase of the Medical Laboratory Technician Program. Signature of Student Date *To be completed by the respondent:* Applicant ______ Please Print Name of Respondent ______ Title _____ Address of Respondent City Street State Zip 1. I have known the applicant as a: _____Student _____Patient _____Employ _____Volunteer ____Employee Other (Please specify) 2. I have known the applicant for ______years and/or _____ months 3. I have served as the applicant's: ____Employer _____Teacher _____ Teacher _____ Employ _____ Friend _____ Pastor Advisor/Counselor Other (Please specify)_____

	Below	Average	Above	Good	Very Good	Outstanding
	Average		Average			
	Lowest 40%	Middle 20%	Next 15%	Next 15%	Next 15%	Highest 5%
undamental						
nowledge						
bility to use						
nowledge						
peaking and writing kills						
elf-reliance and						
dependence						
otivation toward						
reer						
bility and Maturity						
erall ability						

Date

Signature of Respondent

4. Using the rating scales below, please check the box that best represents your opinion of how the applicant rate out of a

typical group of students:

Associate Degree for Medical Laboratory Technician

Southern University-Shreveport

Recommendation of Applicant Form

This form comprises a necessary part of the student's application for admission to the Clinical Phase of the Medical Laboratory Technician Program. Please take a moment to complete the form and return it back to the applicant in a sealed envelope.

Note: Each applicant is asked to read and sign the following statement before distributing this form to references. I hereby waive my right of access to such confidential material contained in my individual department file and hereby authorize the department and Southern University to use such letters, statements and recommendations in connection with my request for admission to the clinical phase of the Medical Laboratory Technician Program. Signature of Student Date *To be completed by the respondent:* Applicant ______ Please Print Name of Respondent ______ Title _____ Address of Respondent City Street State Zip 1. I have known the applicant as a: _____Student ____Friend ____Volunteer _____Patient ____Employee Other (Please specify) 2. I have known the applicant for ______years and/or _____ months 3. I have served as the applicant's: _____Employer _____Teacher _____Friend _____Pastor Advisor/Counselor Other (Please specify)_____

Knowledge Ability to use knowledge Speaking and writing skills Self-reliance and independence Motivation toward career Stability and Maturity		Below Average	Average	Above Average	Good	Very Good	Outstanding
Knowledge Ability to use knowledge Speaking and writing skills Self-reliance and independence Motivation toward career Stability and Maturity Overall ability		Lowest 40%	Middle 20%	Next 15%	Next 15%	Next 15%	Highest 5%
Ability to use knowledge Speaking and writing skills Self-reliance and independence Motivation toward career Stability and Maturity Overall ability	Fundamental Knowledge						
Speaking and writing skills Self-reliance and independence Motivation toward career Stability and Maturity Overall ability	Ability to use						
Self-reliance and independence Motivation toward career Stability and Maturity Overall ability	Speaking and writing						
Motivation toward career Stability and Maturity Overall ability	Self-reliance and						
Stability and Maturity Overall ability	Motivation toward						
	Stability and Maturity						
5. What strong points and/or weak points does the applicant have that should be considered?	Overall ability						
	·	points and/or v	weak points do	es the applic	ant have that	should be con	nsidered?
	·	points and/or v	weak points do	es the applic	ant have that	should be con	nsidered?

Associate Degree for Medical Laboratory Technician

Southern University-Shreveport

Recommendation of Applicant Form

This form comprises a necessary part of the student's application for admission to the Clinical Phase of the Medical Laboratory Technician Program. Please take a moment to complete the form and return it back to the applicant in a sealed envelope.

Note: Each applicant is asked to read and sign the following statement before distributing this form to references. I hereby waive my right of

access to such confidential use such letters, statements Technician Program.		individual department file on connection with my reques			
Signature	of Student		Date		
To be completed by the re	espondent:				
Applicant					
••	Please P	rint			
Name of Respondent	; 		Title		
Address of Responde	nt				
v -	Street	City	State	Zip	
1. I have known thStudeFrienVolui	ent ed nteer	Patient Employee			
2. I have known th	e applicant for	years and/or	months		
3. I have served as	the applicant's:TeacherFriendAdvisor/Coun Other (Please	Pastor aselor			

<i>4</i> .	Using the rating scales below, please check the box that best represents your opinion of how the applicant rate out of a
	typical group of students:

	Below Average	Average	Above Average	Good	Very Good	Outstanding
	Lowest 40%	Middle 20%	Next 15%	Next 15%	Next 15%	Highest 5%
Fundamental Knowledge						
Ability to use knowledge						
Speaking and writing skills						
Self-reliance and independence						
Motivation toward career						
Stability and Maturity						
Overall ability						

What strong points and/or weak points does the	applicant have that should be considered?	
Signature of Respondent	Date	