

# **SOUTHERN UNIVERSITY AT SHREVEPORT**



## **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 30 for Fall Semester acceptance***

***Applications will not be accepted after the deadline date.*** 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 MLT/Phlebotomy). Please submit in package.***
2. *High school diploma or equivalent*
3. *High school GPA of 2.5 or higher*
4. *College transcript(s) if applicable, GPA of 2.5 higher*
5. *Completed application returned by the deadline date.*
6. *A Sealed Official Transcript from High School (if no college) or ALL colleges attended (including SUSLA). E-Scripts are acceptable.*
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. *Applicants must be at least 18 years of age 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.*

## ***Technical Standards or Essential Functions***

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*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*

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

**Please return Application and all Documents in an "8X11" envelope**



**DIVISION: ALLIED HEALTH**

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Dssdfdwlrq#lr#lqp lvrq#wr#

# 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 Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name in Full: \_\_\_\_\_  
Last (Any Others Used) First Middle

Home Address: \_\_\_\_\_  
Number & Street Apt. # City County State Zip

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_

SUSLA E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever before made an application to any Southern University at Shreveport Health Sciences programs?

- Yes  No

If yes, what program? \_\_\_\_\_

When: (approximate date) \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

- No  
 Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on Probation? \_\_\_\_\_

**It is the student's responsibility to:**

**Return this application to the department of Medical lab Tech/Phlebotomy: Metro Campus at 610 Texas Ave Suite #307. It may be returned by mail or in person. DO NOT FOLD. 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](mailto:www.Pbrown@susla.edu)**

**Mailing Address: Phlebotomy Department**

**610 Texas Ave Suite #307**

**Shreveport, La 71101**

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**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution \_\_\_\_\_ City & State \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_

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**You will be required to send one (1) official copy of your transcript(s) from all schools attended.**

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List any scholastic honors:

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List any licenses or certificates held (ie, ARRT, EMT, etc): \_\_\_\_\_

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Certain minimum physical abilities and characteristics are required in health sciences professions. See [www.susla.edu/MLT](http://www.susla.edu/MLT) for specific requirements. Are you able to meet the Essential Functions (technical skills standards) for the program to which you are applying? Essential Functions are included in the application.

Yes       No

If "No," explain: \_\_\_\_\_

Please sign if you have read and understand the Essential Functions.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that to be compliant with clinical facility requirements, a mandatory criminal background check may be required prior to admission.**

**Admission Checklist: (Please check off each item)**

- Complete Application and meet admission requirements
- Official Transcripts
- Reference forms (3)
- Essential Function Line Signed. Included in application.
- Letter of Intent
- Application Fee

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.

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**Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.**

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the Southern University at Shreveport Medical Laboratory Technician Program.

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**Signature of Applicant**

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**Date**

### **For Faculty Use Only**

**NOTE:** requires faculty initials

Completion Checklist:

\_\_\_\_\_ All applicants must meet admission requirements.

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*

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*To be completed by the respondent:*

**Applicant** \_\_\_\_\_  
*Please Print*

**Name of Respondent** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address of Respondent** \_\_\_\_\_  
*Street City State Zip*

1. *I have known the applicant as a:*

\_\_\_\_\_ *Student*                      \_\_\_\_\_ *Patient*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Employee*  
\_\_\_\_\_ *Volunteer*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

2. *I have known the applicant for* \_\_\_\_\_ *years and/or* \_\_\_\_\_ *months*

3. *I have served as the applicant's:*

\_\_\_\_\_ *Teacher*                      \_\_\_\_\_ *Employer*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Pastor*  
\_\_\_\_\_ *Advisor/Counselor*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

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:

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

5. What strong points and/or weak points does the applicant have that should be considered?

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\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

*Associate Degree for Medical Laboratory Technician*

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\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

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*To be completed by the respondent:*

**Applicant** \_\_\_\_\_

*Please Print*

**Name of Respondent** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address of Respondent** \_\_\_\_\_  
*Street City State Zip*

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\_\_\_\_\_ *Student*                      \_\_\_\_\_ *Patient*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Employee*  
\_\_\_\_\_ *Volunteer*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

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\_\_\_\_\_ *Teacher*                      \_\_\_\_\_ *Employer*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Pastor*  
\_\_\_\_\_ *Advisor/Counselor*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_



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:

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\_\_\_\_\_  
*Signature of Respondent*

\_\_\_\_\_  
*Date*

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*Southern University-Shreveport*

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\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

*To be completed by the respondent:*

*Applicant* \_\_\_\_\_  
*Please Print*

*Name of Respondent* \_\_\_\_\_ *Title* \_\_\_\_\_

*Address of Respondent* \_\_\_\_\_  
*Street City State Zip*

- I have known the applicant as a:*  
\_\_\_\_\_*Student*                      \_\_\_\_\_*Patient*  
\_\_\_\_\_*Friend*                        \_\_\_\_\_*Employee*  
\_\_\_\_\_*Volunteer*  
\_\_\_\_\_*Other (Please specify)* \_\_\_\_\_
- I have known the applicant for* \_\_\_\_\_ *years and/or* \_\_\_\_\_ *months*
- I have served as the applicant's:*  
\_\_\_\_\_*Teacher*                      \_\_\_\_\_*Employer*  
\_\_\_\_\_*Friend*                        \_\_\_\_\_*Pastor*  
\_\_\_\_\_*Advisor/Counselor*  
\_\_\_\_\_*Other (Please specify)* \_\_\_\_\_

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\_\_\_\_\_  
*Signature of Respondent*

\_\_\_\_\_  
*Date*

***REMINDER!!!!***

*DO NOT FORGET  
YOUR  
ONE PAGE  
NARRATIVE!!!!*

***“Why I CHOSE TO  
BE A  
MEDICAL LABORATORY TECHNICIAN”***