



Excellence • Integrity • Accountability • Service • Diversity

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

Clinical Practicum Courses

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 Sciences/Nursing
Medical Laboratory Technician***

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:

- ***April 30th for Summer acceptance***
- ***July 30th for Fall 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 SUSLA-MLT). Please submit in package.***
2. *College GPA of 2.0 or higher*
3. *A Sealed Official Transcript from ALL colleges attended (including SUSLA). E-Scripts are acceptable.*
4. *Completed application returned by the deadline date list above*
5. ***Official Immunization record***
6. ***Brief narrative of intent- “Why I Chose to be a Medical Laboratory Technician”***
7. *Three (3) letters of reference (Forms are included in the application packet)*
8. *Interview with MLT Interview Committee (TBA)*
9. ***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 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 Professor Patricia' Raphiel-Brown, MLT/Phlebotomy Program Director

Southern University at Shreveport

610 Texas Ave Suite #331

Shreveport, Louisiana 71101

(318) 670-9350

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

FYI

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 in compliance)
- 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 SCIENCE/NURSING

Application for admission to:

Medical Laboratory Technician

Southern University at Shreveport does not discriminate based on 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: _____

Banner U#: _____ Cellphone: _____

SUSLA E-mail: _____ Date of Birth: _____

Personal E-mail: _____ Last 4 of SSN# _____

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 **arrested, charged or convicted** of a felony or misdemeanor?

No
 Yes

If yes, please explain: _____

Are you currently on Probation or Parole? _____
If Yes, please explain: _____

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

**Mailing Address: MLT/ Phlebotomy Department
610 Texas Ave Suite #331
Shreveport, La 71101**

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

Name of Institution	City & State	Number of Credits Earned

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

List any scholastic honors:

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

Certain minimum physical abilities and characteristics are required in health sciences professions. See www.susla.edu/Phlebotomy 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 comply with clinical facility requirements, a mandatory criminal background check and Drug Screen is required for *final* admission to the program.

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

- Complete Application and meet admission requirements
- Official Transcripts
- Copy of Immunization records
- Reference forms (3)
- Essential Function Line Signed. Included in application.
- Narrative Letter of Intent: (“**Why I chose to be a Medical Laboratory Technician**”)
- Application Fee (money order made payable to **SUSLA-Medical Laboratory Technician**)

If any courses were taken at a school other than SUSLA, **you must provide a copy of the official 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.

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

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 faculty and staff of the Southern University at Shreveport Phlebotomy Program will read the information contained in this application.

Signature of Applicant

Date

For Faculty Use Only

NOTE: requires faculty initials

Completion Checklist:

_____ Application received on _____	_____ Immunization Record
_____ Letter of Intent	_____ MMR
_____ Reference Letters (3)	_____ Hepatitis B series
_____ Application Fee	_____ Varicella
_____ Transcripts	_____ Flu Shot

**Associate of Applied Science- 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 Practicum Phase of the Phlebotomy 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 Phlebotomy Program.

Signature of Student

Date

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?

Signature of Respondent

Date

**Associate of Applied Science- Medical Laboratory Technician
Southern University-Shreveport**

Recommendation of Applicant Form

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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

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)* _____

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	<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?

Signature of Respondent

Date

**Associate of Applied Science- Medical Laboratory Technician
Southern University-Shreveport**

Recommendation of Applicant Form

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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

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)* _____

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	<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?

Signature of Respondent

Date

DIVISION: ALLIED HEALTH

Application for admission to: