Thank you for your interest in the Medical Technology program at the LSUHSC, School of Allied Health Professions, Department of Clinical Laboratory Sciences.

YOUR CLS/MT APPLICATION PACKET FOR YEAR 2013 CONTAINS

5 PAGE APPLICATION
RECOMMENDATION OF APPLICANT FORM
TRANSCRIPT REQUEST FORM
TECHNICAL STANDARDS POLICY

RECEIPT OF APPLICATION AND TRANSCRIPT DEADLINE:

AUGUST 30, 2012 – ENTRY INTO SPRING 2013
Completed applications received by August 1 will be considered for early admission.
Non-refundable $50.00 fee payable to LSUHSC must accompany application.

APPLICATION INSTRUCTIONS

• Please use a blue or black ballpoint pen or typewriter.
• Be sure to date and sign your application.
• An incomplete or illegible application will be returned.

TRANSCRIPT REQUEST FORM

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs in accordance with the application “postmark” deadline. You are responsible for the distribution of the Transcript Request Form and the collection of the official transcripts.

• Complete the “TO THE APPLICANT” portion of the form.
• Send a self-addressed, stamped envelope and the completed transcript request form to the Registrar of each college or university attended.
• The transcripts may be returned directly to you (in sealed envelopes) if enclosing with your application OR sent directly to the Office of Student Affairs by the Registrar if your application has already been forwarded to LSUHSC. Please DO NOT OPEN THE SEALED ENVELOPE(S).

If you are submitting your application more than one regular semester prior to the anticipated date of entry (example: Spring for next Spring entry), transcripts should not be ordered until grades from that semester have been posted. The remainder of the application materials may be submitted and transcripts should follow after the appropriate grades have been posted. Follow-up transcripts must be forwarded to the Office of Student Affairs upon the completion of subsequent semesters prior to the first day of class at the School of Allied Health Professions.
RECOMMENDATION OF APPLICANT FORM

Download and distribute the Recommendation of Applicant Form to two (2) appropriate individuals accompanied by a self-addressed, stamped return envelope. These recommendation forms should speak to your tenacity and accomplishments. Referrals should be derived from your public/work activities which reflect your potential for success in medical technology field such as:

- Faculty members who have taught or worked with you in college
- Professionals who have worked with you in supervisory positions within an agency or on the job.
- Employers

When the recommendations are returned to you, DO NOT OPEN – envelopes with broken seals will not be reviewed.

ACT SCORE REPORT

Please refer to the ACT Website www.act.org/aap/scores/online2.html to secure official ACT scores. Our code number is 1624. Please have the score report sent directly to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112. For further information, please refer to the ACT website – www.act.org

RETURN TO THE OFFICE OF STUDENT AFFAIRS

- Completed Application by the deadline date, plus you $50.00 application fee
- Sealed, Signed envelope(s) containing 2 official transcripts from every university attended by the application receipt deadline
- Recommendation Forms
- ACT scores – LSUHSC ALLIED HEALTH ACT CODE NUMBER -1624

Return all of the above to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier St., 6th Floor, New Orleans, LA 70112-2262

NOTE 1: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit two (2) official copies of your transcript after completion of that particular semester.

NOTE 2: If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs – 504-568-4254

NOTE 3: Questions regarding departmental interviews, curriculum, academic schedules, or special circumstance should be directed to the department head, Dr. Larry Broussard at 504-568-4276

NOTE 4: If you are accepted into the program you will be required to pay a non-refundable $50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

Additional Enclosures: Tuition Fee Sheet Louisiana Residency Policy
BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY
NEW ORLEANS CAMPUS
http://alliedhealth.lsuhsc.edu/ClinicalLaboratory/

APPLICATON DEADLINE: AUGUST 30, 2012

Please use ballpoint pen or typewriter. Illegible or incomplete applications will be returned for revision.

Social Security Number:___________________________________________________________

Full Legal Name: __________________________________________________________________________

List all other last names that have been used (maiden, marriage, etc.)________________________________________

LEGAL ADDRESS: How long have you been at residence? ________Years ________Months

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<th>Number &amp; Street</th>
<th>City</th>
<th>Parish/County</th>
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MAILING ADDRESS ~ FOR ADMISSIONS CORRESPONDENCE ~ How long at residence? ________Years ________Months

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How long will Admission Correspondence Address be valid? ____________________________

Place of Birth: __________________________________________________________________

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FAX Number:_________________________________________ Electronic Mail:__________________________________

EMPLOYMENT INFORMATION

Please list all employers for the past five years. List current employer first. Append additional sheet if necessary:

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<tr>
<th>Name of Firm</th>
<th>City/State</th>
<th>Mo &amp; Yr</th>
<th>Position</th>
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RESIDENCY INFORMATION

I am now and have been since_________________ a resident of ___________________________________

Date                                                                Name of State

Father's Name (if living)______________________________     Mother's Name (if living)________________________________

Address___________________________________________     Address_____________________________________________

Number Years in residence: ___________                                   Number Years in residence:_____________

Telephone:(         )___________      (         ) _____________        Telephone :(        )______________      (       )_______________

Employer _____________________________________________    Employer___________________________________________

Address _____________________________________________      Address:____________________________________________

For tax purposes, which person claims you as a deduction?        For emergency purposes, please provide the name, address, phone number, and relationship of contact:

RESIDENT ALIEN - PLEASE COMPLETE

Country of Citizenship: _____________________________________________

Alien registration number:____________________________________________ (enclose photocopy of both sides of card)

Date and Score of TOEFL (an overall score of 500 must be met): ___________________   Month        Year          Score

EDUCATIONAL INFORMATION

List all HIGH SCHOOLS, TRADE or VOCATIONAL SCHOOLS (use separate sheet if necessary)

NAME OF SCHOOL                                        CITY/STATE                                 DATE   ENTERED                      DATE GRADUATED

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

List all COLLEGES and UNIVERSITIES you have attended. Please list in the same order attended (i.e. first attended is Number 1)

NAME                                   LOCATION                                           MAJOR                                                               DATES                 * DEGREE
ATTENDED            CONFERRED

_________________________________________________________________________________ FROM:__________TO:_______    ___________

_________________________________________________________________________________ FROM:__________TO:________   ___________

_________________________________________________________________________________  FROM:_ ________ TO_________   ___________

Has your education to date been continuous other than for vacations?    _____________________________________________________________________________________

Have you previously APPLIED to the LSUHSC?    __ No    __ Yes  discipline(s)                   semester(s)                  year(s)

Have you previously been ENROLLED at the LSUHSC?  __ No    __ Yes    discipline(s)                   semester(s)                  year(s)
☐ I am ☐ I am - not currently enrolled during the ☐ FALL ☐ SPRING ☐ SUMMER semester. If enrolled, please complete.

Example: ABC Univ

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY</th>
<th>DEPARTMENT CODE</th>
<th>COURSE NUMBER</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
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Please use this area if explanation is needed for any of the courses listed above:

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
EXPERIENCE AND AUTOBIOGRAPHICAL INFORMATION

The Admissions Committee is interested in your reasons for entering this field and in your ability to express the motivation behind your decision. Please print or type the reason(s) you are choosing this specialty as your profession.

---

ALL APPLICANTS - PLEASE READ AND SIGN THE FOLLOWING

Applications without signature will be rejected

I certify, that to the best of my knowledge, the information provided on this application is correct and complete. I understand that, if it is later found to be otherwise, my application may be rejected or, in the event that I am enrolled, I will be subject to dismissal from the University.

_________________________________________  _______________________
SIGNATURE                                                                 DATE

The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status or veteran status in the admission to, participation in, or employment in programs and activities which the LSU System operates.
LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS
ADMISSION APPLICATION

This information is required for State and Federal statistical reporting and is not used for selection purposes.

DATE: ____________________

NAME:  __________________________________________________________________________________________

LASTFIRST FULL MIDDLE NAME

SOCIAL SECURITY NUMBER: ______________________________________

DATE OF BIRTH: ______ / ______ / ______ SEX:  □ Male  □ Female

MARITAL STATUS:  □ Single □ Married □ Separated □ Divorced □ Widow (er)

NUMBER OF DEPENDENTS (INCLUDE YOURSELF): __________

Are you Hispanic or Latino?  ____ Yes  ____ No

ETHNIC ORIGIN:  □ American Indian or Alaska Native □ Asian □ Black or African  □ White

□ Native Hawaiian or Pacific Islander □ Other (please specify) ____________________  □ I do not wish to indicate

□ Veteran Status:  □ Veteran  □ Non-Veteran  If you are a veteran of the U.S. Military Service are you eligible for and certified by the Veterans Administration for education benefits?  □ Yes  □ No

For Louisiana licensure purposes, have you ever been convicted, pled guilty, or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary?  □ Yes  □ No

If you have any questions/concerns about the American with Disabilities Act or specific questions about students with disabilities you may contact:

John Dolan, Rh.D., Associate Dean for Academic Affairs
LSUSHC School of Allied Health Professions
1900 Gravier Street, New Orleans, LA 70112
Phone:  504-568-4243 Fax:  504-568-3185
E-Mail: jdolan@lsuhsc.edu
TO BE COMPLETED BY THE APPLICANT:

I (please print name) ___________________________ wish to enter the LSUHSC School of Allied Health Professions, Department of Clinical Laboratory Sciences working toward the Bachelor of Science in Medical Technology.

Applicant’s Waiver to Access Recommendation Letters

I, the undersigned, as an applicant do hereby waive my right of access to information set forth in evaluations and/or recommendations which have been prepared for the purpose of seeking admission to the Department of Clinical Laboratory Sciences, program in Medical Technology, LSU Health Sciences Center, School of Allied Health Professions. Furthermore, I do waive my right to examine such confidential information that may be placed in the education records and do expressly authorize destruction of such materials after they have served the admissions purposes for which intended.

__________________________________ ___________________
(Signature of Student) (Date)

NOTE: Signing of this waiver is not a requirement for admission to, receipt of financial aid form, or receipt of any other services or benefits from the Department of Clinical Laboratory Sciences, LSUHSC School of Allied Health Professions.

TO BE COMPLETED BY THE RECOMMENDER:

· Indicate area of principal contact with applicant
  ( ) Classroom          ( ) Research Project          ( ) Counselor
  ( ) Laboratory          ( ) Seminar Group

( ) Other – describe: __________________________________________________________________

2. Do you feel that you know the applicant well enough to give a reasonable, comprehensive estimate of academic ability, and personal potential?

( ) Yes          ( ) Probably          ( ) Not Sure
3. Please rate the applicant with respect to the following specific attributes:

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<tr>
<th>CHARACTERISTIC</th>
<th>EXCEL</th>
<th>GOOD</th>
<th>AVER</th>
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<th>COMMENTS</th>
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<td>INTELLECTUAL ABILITY</td>
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<td>PRACTICAL ABILITY</td>
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<td>APPEARANCE</td>
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REMARKS: ____________________________________________

4. Recommendation for this position:

☐ YES, with confidence and without reservation.

☐ YES, without reservation.

☐ YES, with noted reservation(s)

___________________________________________________

☐ NO

EVALUATOR’S NAME: ________________________________
(Please print)

Title of Position: ________________________________

Institution: ____________________________________

Institution Address: _____________________________

Phone: (______) ____________________________

SIGNATURE: ____________________________ DATE: ____________________________
TRANSCRIPT REQUEST FORM

TO THE APPLICANT: Complete the information below and send this form and a self-addressed envelope to the Registrar of each college and university you have attended. Request TWO copies of your official academic record. When you receive the completed form and academic records in the SEALED envelope, include it UNOPENED with the materials you submit with your application.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE REGISTRAR

Name: ____________________________________________

Last                                First                                      Middle

If you attended college/university under another name, please provide: ___________________________

Current Address: ________________________________________________________________________

Social Security Number: __________________________________________________________________

Name of College or University: _____________________________________________________________

School Attended within the University: _____________________________________________________

Dates of Enrollment: From ___________________ To ___________________

month/year                     month/year

Degree, Major and Year: _________________________________________________________________

STUDENT’S SIGNATURE ________________________________________________________________

TO THE REGISTRAR: The person named here is applying for admission to the School of Allied Health Professions, Louisiana State University Health Sciences Center. We appreciate your cooperation in our self-managed application process. Please attach TWO copies of the student’s official academic records to this form and mail to the APPLICANT in the envelope provided. Please return in the SEALED envelope to the applicant who will submit it UNOPENED to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112.

___________________________________ _______________________
Registrar’s Signature                Date
Technical Standards

Essential Functions in Clinical Laboratory Science (CLS)

Department of Clinical Laboratory Sciences

LSU Health Sciences Center

Technical Standards (Essential Functions) are the non-academic standards that a student must be able to master to participate successfully in the CLS program and become employable*. Examples of this program’s essential functions are provided below. If you are not sure that you will be able to meet these essential functions, please consult with the Admissions Chair for further information and to discuss your individual situation.

**Visual and Observation Skills:** A student in the CLS program must possess sufficient visual skills and skills of observation to perform and interpret laboratory assays, including the ability to:

- Observe laboratory demonstrations in which lab procedures are performed on patient samples (i.e. body fluids, culture materials, tissue sections, and cellular specimens).
- Characterize the color, consistency, and clarity of biological samples or reagents.
- Use a clinical grade binocular microscope to discriminate among fine differences in structure and color (i.e. hue, shading, and intensity) in microscopic specimens.
- Read and comprehend text, numbers, and graphs displayed in print and on a video monitor.
- Recognize alarms.

**Motor and Mobility Skills:** A student must possess adequate motor and mobility skills to:

- Perform laboratory tests adhering to existing laboratory safety standards.
- Perform moderately taxing continuous physical work. This may require prolonged sitting and/or standing, over several hours and some may take place in cramped positions.
- Reach laboratory benchtops and shelves, patients lying in hospital beds or patients seated in specimen collection furniture.
- Perform fine motor tasks such as pipetting, inoculating media, withdrawing a blood sample from a patient, handling small tools and/or parts to repair and correct equipment malfunctions, and transferring drops into tubes of small diameter.
- Use a computer keyboard to operate laboratory instruments and to calculate, record, evaluate, and transmit laboratory information.

**Communication Skills:** A student must possess adequate communication skills to:

- Communicate with individuals and groups (i.e. faculty members, fellow students, staff, patients, and other health care professionals) verbally and in recorded format (writing, typing, graphics, or telecommunication).
**Behavioral Skills:** A student must possess adequate behavioral skills to:

- Be able to 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 apply knowledge and exercise appropriate judgment.

- Be able to provide professional and technical services while experiencing the stresses of task-related uncertainty (i.e., ambiguous test order, 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 proceed safely in order to minimize risk of injury to patients, self, and nearby individuals.

- Adapt to working with unpleasant biological.

- 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 critically evaluate her or his own performance, accept constructive criticism, and look for ways to improve (i.e. participate in enriched educational activities). The student must be able to evaluate the performance of fellow students and tactfully offer constructive comments.

- Show respect for individuals of different age, ethnic background, religion, and/or sexual orientation.

- Exhibit professional behavior by conforming to appropriate standards of dress, appearance, language and public behavior. (For example, body piercing other than ears and visible tattoos are not considered professional appearance. This includes tongue piercing.)

*Certain disabilities may limit employment opportunities. Moreover, immunocompromised individuals may put themselves at personal risk due to exposure to infectious agents that occurs in all aspects of the laboratory.*
A resident student for tuition purposes is defined as one who has abandoned all prior domiciles and has been domiciled in the State of Louisiana continuously for at least one full year (365 days) immediately preceding the first day of classes of the term for which resident classification is sought. A NONRESIDENT student for tuition purposes is a student NOT eligible for classification as a resident student under these regulations.

The individual’s physical presence within this state for one year must be associated with substantial evidence that such presence was with the intent to maintain a LOUISIANA domicile. Physical presence within the state solely for educational purposes without substantial evidence of the intent to remain in LOUISIANA will not be sufficient for RESIDENT CLASSIFICATION regardless of the length of time within the state.

Any questions or a residency application must be directed to:
Office of Registrar, LSU Health Sciences Center, 433 Bolivar Street, New Orleans, LA 70112
(504-568-4829)

Applicants whose native language is NOT ENGLISH are required to submit an overall score of 220 or better on the Test of English as a Foreign Language. The essay score must be 4.5 or better. This test is designed to evaluate proficiency in English. Information regarding this test may be obtained by writing to:

TOEFL Services
Educational Testing Service
P.O. Box 6151
PRINCETON, NEW JERSEY 08541-6151
Phone: 1-609-771-7100
www.toefl.org Email: toefl@ets.org

Your application for admission to the LSUHSC School of Allied Health Professions will NOT be considered unless TOEFL scores accompany the application.

Alien Resident applicants must provide a Xerox copy of both sides of their alien resident I.D. card with their application. Failure to do so will result in denial of application.