

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS
OFFICE OF STUDENT AFFAIRS**

1900 Gravier Street, Room 6B17, New Orleans, LA 70112

Phone: 504-568-4254 FAX: 504-568-3185 <http://www.lsuhs.edu> Email: sahpsa@lsuhsc.edu

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 CONTAINS

5 PAGE APPLICATION

RECOMMENDATION OF APPLICANT FORM

TRANSCRIPT

TECHNICAL STANDARDS POLICY

RECEIPT OF APPLICATION AND TRANSCRIPT DEADLINE:

SEPTEMBER 30– ENTRY INTO SPRING SEMESTER

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

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.

- 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:

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

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

ACT SCORE REPORT (Recommended)

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, Room 6B17, 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., Room 6B17, 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 of Clinical Laboratory Sciences 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

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS Office of
Student Affairs, 1900 Gravier Street, Room 6B17, New Orleans, LA 70112
Phone: 504-568-4254 FAX: 504-568-3185 www.lsuhsu.edu Email: sahpsa@lsuhsc.edu

BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY
NEW ORLEANS CAMPUS
<http://alliedhealth.lsuhsu.edu/CL/>

APPLICATION DEADLINE: September 30

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

Social Security Number: _____

Full Legal Name: _____
Last First Middle (Full Name)

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

LEGAL ADDRESS: How long have you been at residence? _____ Years _____ Months

Number & Street City Parish/County

State Zip Code Country Phone No. () _____

MAILING ADDRESS ~ FOR ADMISSIONS CORRESPONDENCE ~ How long at residence? _____ Years _____ Months

Number & Street City Parish/County

State Zip Code Country Phone No. () _____

How long will Admission Correspondence Address be valid? _____

Place of Birth: _____
City State Country

FAX Number: _____ Electronic Mail: _____

EMPLOYMENT INFORMATION

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

CURRENT EMPLOYER, POSITION, LENGTH OF EMPLOYMENT, PHONE NUMBER

Name of Firm	City/State	Mo & Yr	Position
Name of Firm	City/State	Mo & Yr	Position
Name of Firm	City/State	Mo & Yr	Position

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: () _____ () _____
Home Business

Telephone: () _____ () _____
Home Business

Employer _____ Employer _____

Address _____ Address: _____

For tax purposes, which person claims you as a deduction? Self Father Mother Guardian
 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 ATTENDED	* DEGREE CONFERRED
			FROM: _____ TO: _____ Mo/Yr Mo/Yr	
			FROM: _____ TO: _____ Mo/Yr Mo/Yr	
			FROM: _____ TO: _____ Mo/Yr Mo/Yr	

Has your education to date been continuous other than for vacations? Yes No or if not currently attending college,
 please explain) _____

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)

SCHEDULED COURSES

I am I am - not currently enrolled during the FALL SPRING SUMMER semester. If enrolled, please complete.

Example: ABC Univ

Engl

1001

Composition

3

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

I am I am - not currently enrolled during the FALL SPRING SUMMER semester. If enrolled, please complete.

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

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:

LAST	FIRST	FULL MIDDLE NAME
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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

STUDENTS WITH DISABILITIES

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

Erin Dugan, Ph.D., Associate Dean for Academic Affairs
LSUHSC School of Allied Health Professions
411 S. Prieur Street, Room 411, New Orleans, LA 70112
Phone: 504-556-3403 Fax: 504-556-7540
Email: emart3@lsuhsc.edu

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
Office of Student Affairs
1900 Gravier Street, Room 6B17, New Orleans, LA 70112

Department of Clinical Laboratory Sciences
(Program in Medical Technology)

RECOMMENDATION OF APPLICANT

(at least one must be from a college instructor/professor)

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:

1. 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:

CHARACTERISTIC	EXCEL	GOOD	AVER	POOR	COMMENTS
INTELLECTUAL ABILITY					
PRACTICAL ABILITY					
MOTIVATION					
INITATIVE					
SELF-EXPRESSION					
WORK HABITS					
EMOTIONAL MATURITY					
RELIABILITY					
ADAPTABILITY					
JUDGEMENT					
INTERPERSONAL RELATIONSHIPS					
APPEARANCE					

REMARKS:

4. Recommendation for this position:

YES, with confidence and without reservation.

YES, without reservation.

YES, with noted reservation(s)

NO

EVALUATORS NAME: _____

(Please print)

Title of Position: _____

Institution: _____

Institution Address: _____

Phone:()_____

SIGNATURE: _____ DATE: _____

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS
Office of Student Affairs
1900 Gravier Street, New Orleans, LA 70112

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.**

LOUISIANA RESIDENCE REGULATIONS

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)

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

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

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.