



2009-2010 APPLICATION FOR ADMISSION TO EMORY HEALTHCARE SCHOOL OF MEDICAL TECHNOLOGY/CLINICAL LABORATORY SCIENCE

INSTRUCTIONS AND INFORMATION

As students of EHSMT you will complete a 12-month training program consisting of didactic and applied (clinical) experiences under the direct supervision of credentialed medical technologists. Payment of tuition for the EHSMT program is required and students do not receive any monetary compensation or stipend for participation in the clinical training activities. Students will have the opportunity to apply for paid positions in the Emory Medical Laboratory during the training program, but service work is not mandatory and must be outside of the EHSMT training hours.

Please note: Emory Healthcare's School of Medical Technology (EHSMT) is actively seeking accreditation from the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), and expects to receive the award of accreditation in the year 2009. However, at this time Emory Healthcare's School of Medical Technology cannot guarantee that NAACLS accreditation will be awarded. Lack of accreditation may affect a student's eligibility to take a MT certifying examination. We would be happy to discuss accreditation questions with any interested applicant.

Applicants will be considered on the basis of overall GPA, science GPA, written essay, letters of recommendations, and personal interview. **Early application** is encouraged.

1. Applicants must meet the following minimum admission requirements **prior** to entering the MT program.
 - a. **Baccalaureate** degree from a regionally accredited college or university
 - b. 16 semester (24 quarter) hours of credit in **chemistry**
 - c. 16 semester (24 quarter) hours of credit in **biological sciences**

Note:

- The content of the chemistry and biological science courses must be considered applicable toward a degree in those fields or in clinical laboratory science/medical technology
- At least 1 chemistry, 1 biology, and 1 microbiology course must have been completed **within last 7 years**

A. Required **prerequisite** courses:

- i. Organic or Biochemistry
- ii. Microbiology
- iii. Immunology as a separate course or as part of the Microbiology course
- iv. Anatomy/Physiology
- v. Statistics

- d. Overall GPA 2.5 or better on a 4.0 scale
- e. Science GPA 2.5 or better on a 4.0 scale

2. **Complete** all parts of the application that pertain to you and sign the acknowledgement. Incomplete applications will be returned to you.

3. Enclose a **\$50 non-refundable application fee** with your application (checks and money orders only). Make check or money order payable to Emory Healthcare's School of Medical Technology. Application fee is waived for employees of EHC and program affiliates
4. Include with your application your typed **essay/narrative**: In an essay of 200-300 words, describe your reasons for entering the field of Medical Technology/Clinical Laboratory Science, your related qualifications, academic objectives and career plans.
5. **In addition to your application and application fee, the following must be submitted directly to the Emory Healthcare School of Medical Technology Education Coordinator, before your application will be considered:**
 - a. **Official** transcripts from *each* college/university attended
 - i. Transcripts from **foreign colleges/universities** must be officially evaluated by an approved transcript evaluation service and sent to MT program.
 1. Acceptable evaluation agencies can be found on the ASCP.org website - http://ascp.org/Certification/CertifyingExaminations/cert_procedures/foreign/foreign.pdf
 2. Agencies in close proximity to Georgia: **International Education Evaluators, INC**, 5030 Flagstone Court, Harrisburg, NC 28075 ph: 704-455-6154 or Jeseff Silny and Associates, Inc. **International Education Consultants**, PO Box 248233, Coral Gables, FL 33124 ph: 305-273-1616; email info@silny.com
 - b. Have **3 letters** of reference sent. References must be from non-family members that can speak to your qualifications. **At least** two of the references must be from either science professors or current/former employers. Recommendation forms and letters should come directly from the reference, rather than the applicant.
 - c. Applicants whose first language is not English must submit official **TOEFL scores**. Minimum scores of 213 (computer based) or 80 (online based) is required for consideration.
 - i. Enter **code number 1548** for institution score recipient
6. Qualified applicants will be contacted to schedule a personal interview with the admissions committee.
7. **Deadline** for receipt of applications and all supporting materials is **February 1**. Late applicants (application documentation received after the deadline) will be considered only after all completed and on-time applications have been processed and if there is remaining space available.
8. Additional Requirements - Upon acceptance to the program, students must meet the following additional requirements:
 - a. Pass a criminal background check
 - b. Pass drug screen
 - c. Pass physical health assessment, including completion of required immunizations
 - d. Provide and maintain own health insurance
9. **Contact** Emory Healthcare School of Medical Technology's Education Coordinator office at 404-686-2654 or email medicaltechnologyschool@emoryhealthcare.org , if you have any questions about the application process.

**Essential Functions for Participation in the
EHC School of Medical Technology (MT)**

A student must possess the program's essential functions to successfully participate in and complete the MT program. Emory Healthcare is an equal opportunity employer, and its School of Medical Technology is committed to equal opportunity. Emory Healthcare and its School does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability or veteran status. The School will provide reasonable accommodations to otherwise qualified students with disabilities.

The essential functions for participation in the EHC School of Medical Technology are:

1. **Ethical Standards** to demonstrate adherence to patient confidentiality, **legal compliance**, the academic and professional code of ethics and **conflict of interest**, and honesty.
2. **Visual Acuity**, either normal or corrected to safely and accurately perform patient testing. For example:
 - a. Characterize the color, clarity, and viscosity of biological specimens, reagents, or chemical reaction products
 - b. Discriminate color, shading, and fine structural differences of microscopic specimens using a binocular microscope
 - c. Read text, numbers, and graphs in print or on a video monitor
 - d. Judge distance and depth
3. **Manual Dexterity**, with sufficient hand-eye and fine motor coordination/manual dexterity to fulfill the technical requirements of the program. For example:
 - a. Perform blood collection on patients
 - b. Manipulate specimens, chemicals, instruments, computer keyboard, mouse and analytical equipment with speed and accuracy that does not endanger themselves or others
 - c. Reach instruments, bench tops, and equipment to perform duties adequately, and safely travel to and throughout healthcare facilities with reasonable accommodation.
4. **Communication Skills** with the ability to effectively read, speak, and write in English, and understand spoken English. For example:
 - a. Read and comprehend technical and professional materials
 - b. Independently study and prepare papers, reports or posters
 - c. Deliver oral presentations to others
 - d. Take paper, computer, and other examinations at the post-secondary level without assistance.
 - e. Interact and communicate effectively and confidentially with all patients, hospital staff, physicians, and visitors.
 - f. Use computer software and the Internet.
5. **Intellectual and Cognitive Abilities** to judge, comprehend, make calculations, reason, analyze, synthesize, integrate, and apply information under normal and stressful situations.
6. **Academic Initiative** to work independently, in small groups, and as a member of a team.
7. **Flexibility** to perform the requirements of the educational program in a fast-paced, stressful environment. For example, the student may be exposed to:
 - a. Instrument noise
 - b. Emergency situations
 - c. Several persons working in his/her close proximity
 - d. Unpleasant odors or sights
 - e. Pathogens, blood, and body fluids
 - f. Laser technology and microwaves
8. **Maturity to accept constructive criticism** and interact with peers, faculty, the public and other members of the health care team effectively and respectfully.
9. **Stamina** to perform academic program functions over an 8 hour day that may include frequent and prolonged standing or walking, lifting of supplies/equipment up to 30 pounds, reaching, bending, kneeling, and crouching.

**EMORY HEALTHCARE
MEDICAL TECHNOLOGY PROGRAM
Application for Admission**



FOR SCHOOL USE ONLY
Date Postmarked: _____
Date Received: _____
App Complete: _____

PLEASE PRINT OR TYPE IN BLACK INK

PERSONAL INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP:		
Phone		Phone				
Email		Social Security No.		Do you speak, comprehend and read English fluently?		
In case of an emergency, notify:						
Name:			Relationship			
Address:			Phone number:			
Are you a citizen of the United States or otherwise legally eligible and authorized to participate in MT training programs in the United States?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION						
College/University:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College/University:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College/University:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College/University:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other:			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

EDUCATION – IN PROGRESS OR REMAINING			
List all courses not shown on your current transcript that you intend to complete prior to starting the MT program. Attach additional sheet if needed			
Course title	Hours/credit	Institution	
Course title	Hours/credit	Institution	
Course title	Hours/credit	Institution	
REFERENCES			
List the names, titles, and addresses of the individuals you are using for references.			
Name	Title	Address	
Name	Title	Address	
Name	Title	Address	
WORK EXPERIENCE			
Company		Phone ()	
Address		Job Title	
Responsibilities:		Hours per week:	
From	To	Reason for Leaving	
Company		Phone ()	
Address		Job Title	
Responsibilities:		Hours per week:	
From	To	Reason for Leaving	
Company		Phone ()	
Address		Job Title	
Responsibilities:		Hours per week:	
From	To	Reason for Leaving	
LABORATORY/HEALTHCARE EXPERIENCE			
Include any volunteer work, summer or full-time employment, observation, laboratory or medical experience, etc.			
Facility Name/Type	Dates: From / To	Hours per week	Title / Job responsibilities

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

ADDITIONAL INFORMATION

Enclose with application your typed essay of 200-300 words describing your reasons for entering the field of Medical Technology/Clinical Laboratory Science, your related qualifications, academic objectives and career plans.

Please share any additional information not already included on the form that you feel is pertinent to your application.

ACKNOWLEDGEMENT AND AUTHORIZATION

I have read and understand the Emory Healthcare MT program's Essential Functions YES NO

In signing this application, I certify that to the best of my knowledge all statements in this application are true, correct and complete. I hereby give permission to the Emory Healthcare School of MT to investigate all pertinent information concerning my application in order to determine my qualifications for admission. I understand that false or misleading information in my application or interview will make me ineligible for admission or subject to immediate dismissal from the program.

I understand that applicants accepted into Emory Healthcare's School of MT will be required to have a criminal background check and drug screen test completed prior to beginning the program, and I consent to the criminal background check and drug screen.

I understand that Emory Healthcare is an equal opportunity employer and all applicants for schools and training programs are considered for admission without regard to race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability or veteran status.

I understand that my potential acceptance into Emory Healthcare School of MT does not mean that I am an employee of Emory Healthcare at any time or for any length of time, nor does it mean that I am entitled to any employment-related benefits (including pay) for my duties associated with my participation in the School of MT.

Applicant
Signature

Date



EMORY MEDICAL LABORATORY

EMORY HEALTHCARE
SCHOOL OF MEDICAL TECHNOLOGY
Admission Reference Form

Part I

Applicant should complete part I and give to reference for completion of part II. References should come from three individuals who can speak to your academic, clinical and/or employment experiences.

APPLICANT'S NAME _____

APPLICANT'S ADDRESS (street)_____ (city)_____ (state)_____ (zip)_____

I understand I have a right to access this recommendation letter under the Family Education Rights to Privacy Act of 1974. If you wish to waive the right to examine this recommendation, please sign below:

I hereby voluntarily waive my right to any information contained on this recommendation form:

Signature of applicant _____ Date _____

Part II

To be completed by reference. The above named applicant has applied for admission to the Emory Healthcare School of Medical Technology and has given your name as a reference. We would appreciate your objective assessment of the applicant. Your recommendation will assist us in our selection of applicants for acceptance into our program. In order to help complete the applicant's file, please send the completed form directly to the address below:

Emory Healthcare
School of Medical Technology / Clinical Laboratory Science
550 Peachtree Street
Room 1240 Davis-Fischer
Atlanta, GA 30308

Name of reference _____ Position/Title _____ Institution/organization _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ email address _____

Please indicate how long you have known the applicant _____ and in what capacity _____

Please consider the following characteristics and rank the applicant based on this scale:

5 – Outstanding; 4 – Above Average; 3 – Average; 2 – Below Average; 1 – Poor; NA - Not observed

	5	4	3	2	1	NA
Knowledge and interest in Medical Technology						
Intellectual ability						
Perseverance						
Quality of work						
Planning skills						
Problem solving skills						
Ability to verbally communicate with others						
Ability to communicate in writing						
Ability to work with others						
Attitude toward criticism						
Maturity						
Dependability						
Ability to work independently						

Please comment on any outstanding characteristics of the applicant or write any remarks concerning this applicant that we should take into consideration.

Please indicate your overall recommendation:

- Recommend enthusiastically Recommend with confidence
 Recommend with reservation Not Recommended

Signature of reference

Position or title

Date completed