
APPLICATION FOR ADMISSION TO EMORY HEALTHCARE MEDICAL LABORATORY SCIENCE PROGRAM

INSTRUCTIONS AND INFORMATION

As students of Emory Healthcare's Medical Laboratory Science Program (EHcMLS) you will complete an 11-month training program consisting of didactic and applied (clinical) experiences under the direct supervision of credentialed medical technologists. Payment of fees for the EHcMLS 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 EHcMLS training hours.

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

1. All applicants must meet the following minimum admission requirements **prior** to entering the MLS 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 laboratory science
- At least 1 chemistry, 1 biology, and 1 microbiology course must have been completed **within last 7 years**

d. Required **prerequisite** courses:

- i. Organic or Biochemistry
- ii. Microbiology
- iii. Immunology as a separate course, or as part of the Microbiology course (provide the course outline for approval).
- iv. Human Anatomy and/or Physiology
- v. Statistics or Biostatistics

e. Overall GPA 2.75 or better on a 4.0 scale

f. Science GPA 2.75 or better on a 4.0 scale

2. **Complete** all parts of the application that pertain to you and sign the Acknowledgement and Authorization. Incomplete applications will not be processed.

3. Enclose a **\$50 non-refundable application fee** with your application (checks and money orders only). Make checks or money orders payable to Emory Healthcare Medical Laboratory Science program. Application fee is waived for employees of **Emory Healthcare**.

4. Include with your application your typed **essay/narrative**: In an essay of 200-300 words, describe your understanding of the field of medical laboratory science/clinical laboratory science and your reasons for entering the field, your related qualifications, academic objectives and career plans. Your responses will be scored for content, organization, and grammar.
5. **In addition to your application and application fee, the following must be submitted directly to the Emory Medical Laboratory Science Program, 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 MLS program. Acceptable evaluation agencies can be found on the [ASCP.org website](http://ASCP.org) - All transcripts must have individual courses and have an overall GPA score.

International Education Evaluations, Inc., 7900 Matthews Mint Hill Rd, Suite 300, Charlotte, NC 28227, Ph.: 704-772-0109 / 704-545-2485, FAX: 704-545-2484, Email: admin@foreigntranscripts.com

International Education Consultants, Josef Silny & Associates, Inc., 7101 SW 102nd Ave, Miami, FL 33173, Ph.: 305-273-1616, FAX: 305-273-1338, Email: info@jsilny.com , Website: www.jsilny.com
 - b. Have **three Admission Reference Forms** completed and sent. References must be from non-family members that can speak to your qualifications. References must be from either science professors or current/former employers. Recommendation forms should come directly from the reference, rather than the applicant.
 - c. Applicants whose first language is not English must have official **TOEFL scores** submitted within the last 2 years. Minimum total scores of 80 (online based) with minimum of 18 for each section 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. Not all qualified applicants may receive an interview. Early application is encouraged.
7. **Deadline** for receipt of applications and all supporting materials is **February 1**. Documents must be received or postmarked by February 1st to be considered. Applicants already receiving their degree or enrolled in prerequisite courses will be accepted, but all documents must be received by May 31st of the applying year. Applicants submitting documents after this deadline will have to reapply for the following year.
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** the Emory Healthcare Medical Laboratory Science Program office by email at medicaltechnologyprogram@emoryhealthcare.org, if you have any questions about the application process.

Essential Functions for Participation in the Emory Healthcare Medical Laboratory Science (EHcMLS) Program

A student must be able to perform the following essential functions, **with or without reasonable accommodation**, to successfully participate in and complete the Emory Healthcare Medical Laboratory Science (EHcMLS) Program.

Emory Healthcare is an equal opportunity employer, and the EHcMLS Program is committed to equal access and nondiscrimination. The Program does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, or veteran status. The Program will provide reasonable accommodation for otherwise qualified students with disabilities through an interactive process in accordance with institutional policy.

1. Ethical Standards

Demonstrate adherence to patient confidentiality, legal and regulatory requirements, academic and professional codes of ethics, conflict of interest policies, and honesty in all academic and clinical activities.

2. Visual Acuity

Possess sufficient visual ability, either unaided or with reasonable accommodation, to safely and accurately perform laboratory procedures. For example:

- Characterize the color, clarity, and viscosity of biological specimens, reagents, or chemical reaction products.
- Discriminate color, shading, and fine structural differences of microscopic specimens
- Read text, numbers, and graphical data in print or on electronic displays.
- Judge distance and depth as required for safe laboratory practice.

3. Manual Dexterity

Demonstrate sufficient motor function, coordination, and manual dexterity, with or without reasonable accommodation, to perform laboratory procedures safely and accurately. For example:

- Perform blood collection and specimen handling procedures.
- Manipulate specimens, reagents, instruments, and laboratory equipment with precision and safety.
- Operate computers and laboratory instrumentation efficiently.
- Reach and access equipment and navigate healthcare environments safely.

4. Communication Skills

Demonstrate the ability to effectively receive, process, and communicate information in English in a timely, accurate, and professional manner, **with or without reasonable accommodation**, in both academic and clinical settings. For example:

- Read and comprehend technical and professional materials.
- Prepare written assignments, reports, and documentation.
- Present information clearly using appropriate communication methods (e.g., verbal, written, or assistive technologies)
- Participate in discussions, instruction, and team-based activities.
- Interact and communicate effectively and confidentially with patients, healthcare staff, physicians, and visitors.
- Utilize computers, laboratory information systems, and digital communication tools.

5. Intellectual and Cognitive Abilities

Demonstrate the ability to comprehend, analyze, synthesize, and apply information; perform calculations; and exercise sound judgment in both routine and stressful situations.

6. Academic Initiative

Demonstrate the ability to work independently, in small groups, and as part of a healthcare team, including the ability to manage time, prioritize tasks, and meet deadlines.

7. Flexibility and Adaptability

Demonstrate the ability to function effectively in a fast-paced and dynamic environment, with or without reasonable accommodation. This may include exposure to:

- Emergency situations
- Multiple individuals working in close proximity.
- Unpleasant sights or odors
- Biological hazards, including blood and body fluids.
- Laboratory equipment such as lasers and microwaves

8. Professionalism and Interpersonal Skills

Demonstrate maturity, professionalism, and the ability to accept constructive feedback, and interact respectfully and effectively with peers, faculty, patients, and members of the healthcare team.

9. Stamina

Demonstrate the physical and mental endurance necessary to perform program activities, with or without reasonable accommodation, which may include:

1. Sustained attention over an 8-hour day
2. Prolonged standing or walking
3. Lifting supplies or equipment (up to approximately 30 pounds)
4. Reaching, bending, kneeling, and crouching

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.	Today's Date:
Street Address				Apartment/Unit #	
City		State		ZIP:	
Primary Phone					
Email	Social Security No.		Do you speak, comprehend and read English fluently?		
In case of an emergency, notify – Name:			Relationship:		
Address:			Phone number:		
Citizenship: Are you a citizen of the United States? YES ☐ NO ☐ . If no, do you have a green card? YES ☐ NO ☐ .					
Non-citizens must list type of Visa, current Visa number & expiration date: _____					
Is English your first language? YES ☐ NO ☐ . If no, have official TOEFL scores submitted, obtained within the last 2 years.					
NOTE: All applicants must be legally eligible to work in the United States. Documentation must be provided for verification.					

EDUCATION

College/University:		Address			
From	To	Did you graduate?	YES ☐ NO ☐	Degree	
College/University:		Address			
From	To	Did you graduate?	YES ☐ NO ☐	Degree	
College/University:		Address			
From	To	Did you graduate?	YES ☐ NO ☐	Degree	
College/University:		Address			
From	To	Did you graduate?	YES ☐ NO ☐	Degree	
Other:		Address			
From	To	Did you graduate?	YES ☐ NO ☐	Degree	

EDUCATION – IN PROGRESS OR REMAINING

List all courses not shown on your current transcript that you intend to complete prior to starting the MLS program. Attach additional sheet if needed

Course title	Hours/credit	Institution	Expected completion date
Course title	Hours/credit	Institution	Expected completion date
Course title	Hours/credit	Institution	Expected completion date

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:			
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

How did you hear about our program? ____ Web ____ School/Counselor ____ Emory Employee ____ Social Media

Enclosed with the application is your typed essay of 200-300 words describing your reasons for entering the field of Medical 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 MLS program 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 Medical Laboratory Science Program to investigate all pertinent information about my application to determine my admission qualifications. 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 Medical Laboratory Science Program 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 from 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 Medical Laboratory Science Program 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 EHCMLS.

Applicant
Signature

Date

APPLICATION FEE

Please indicate your preferred method of payment for the application fee.

MAIL ☐ ELECTRONIC (ACH) ☐ ELECTRONIC (WIRE) ☐

- ❖ If submitting your payment via mail, please utilize the letterhead address printed above.
- ❖ If sending your payment via ACH, please ensure to provide the following information to your financial institution:
 - Account Title: EMORY UNIVERSITY HOSPITAL MIDTOWN
 - Descriptive Title EHM NON-PATIENT CASH
 - Account Number: 334037245925
 - ABA for ACH payments: 0610-0005-2
- ❖ If making a payment through a wire transfer, kindly furnish your financial institution with the following details:
 - Account Title: EMORY UNIVERSITY HOSPITAL MIDTOWN
 - Descriptive Title EHM NON-PATIENT CASH
 - Account Number: 334037245925
 - ABA for Wire Transfers: 0260-0959-3

(blank)

Applicant Recommendation/Reference Form

Student's Name: _____
 (Forms not completely filled out, and legible may interfere with the processing of application)

☐ I do **NOT** waive my right to access this form

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 on this recommendation form.

Applicant's Signature: ☐

Date: _____

The above candidate is being considered for a Medical Laboratory Science program. Evaluation recommendations made by science instructors and employers have proved to be highly informative in the selection process. We respectfully ask that you evaluate this student for the characteristics or traits listed below and return the form directly to the address at the top of the form or email address provided below. Thank you, your assessment is appreciated.

Please rate the following characteristics:

Characteristics		Excellent	Above Average	Average	Below Average	Unable to Evaluate
Personal	Cooperation					
	Integrity					
Communication Skills	Oral					
	Written					
Motivation	Attitude					
	Initiative					
	Punctuality					
Ability	Learning					
	Comprehension					
	Correlation					
	Imagination					
	Originality					
Quality of Work	Organization					
	Accuracy					
	Technical					
	Competency					
Leadership	Judgment					
	Emotional Stability					
	Responsible					

How long have you known the applicant? _____ Months _____ Years.

In what capacity do you know the applicant? Only selected reference sources are acceptable:

- ☐ Instructor, one class ☐ Instructor, several classes ☐ Advisor ☐ Current Employer/Supervisor
- ☐ Former Employer/Supervisor

Please comment on this individual's personality and ability to work/get along with others.

Please include any comments that might be of assistance in considering this applicant for the EHcMLS Program.

What is your overall recommendation of this applicant?

- | | |
|---|--|
| ☐ Highly Recommend | ☐ Recommend with Confidence |
| ☐ Recommend with Reservation | ☐ Do Not Recommend |

Name (print or type): _____ Position: _____

Employer/University Affiliation: _____

Telephone: _____

Email: _____

Date: _____

EMORY UNIVERSITY ORTHOPAEDICS AND SPINE HOSPITAL
MEDICAL LABORATORY SCIENCE PROGRAM
medicaltechnologyprogram@emoryhealthcare.org