

LIST OTHER POST-SECONDARY
EDUCATION IF APPLICABLE:

DATE FROM _____ TO _____
NAME & ADDRESS OF SCHOOL _____

MAJOR _____ DEGREE OR DIPLOMA _____

DATE FROM _____ TO _____
NAME & ADDRESS OF SCHOOL _____

MAJOR _____ DEGREE OR DIPLOMA _____

LIST ALL EXTRA-CURRICULAR ACTIVITIES, SCHOLARSHIPS, AND HONORS RECEIVED WHILE IN COLLEGE:

References:

LIST THREE (3) REFERENCES FROM WHOM TRINITY SHOULD EXPECT LETTERS OF RECOMMENDATION:

_____ *Forms are found as a separate attachment. They can be e-mailed to PD or mailed by USPS.*

DESCRIBE YOUR INTEREST IN MEDICAL LABORATORY SCIENCE, WHY YOU SHOULD BE ACCEPTED INTO THE TRINITY HEALTH SYSTEM MLS PROGRAM, AND YOUR GOALS UPON GRADUATION:

**Trinity Health System will provide the resources necessary for the TB screen/test, background check, drug screen, required immunizations/titers and physical exam. Students will be given ample time to complete this requirement before beginning the Professional Year of Study. Liability and health insurances are the responsibility of the student and MUST be confirmed before classes begin.*

The School of Medical Laboratory Science does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, or disability in the admission of students. The school provides *reasonable* accommodations to students with disabilities. Those students are required to inform the program director immediately upon admission as to the nature of the disability.

I certify that the above information is correct to the best of my knowledge. I understand that any false information on this application or during my interview or discovered at a later date, may result in revocation of admission/dismissal from the program. **In compliance with the Family Educational Rights and Privacy Act of 1974, I waive my right to the confidentiality of the admission requirements, transcripts, and evaluations submitted to the Admissions Committee for assessment (PLEASE INITIAL HERE _____).** I recognize that acceptance into the program is contingent upon meeting all requirements and pre-requisites prior to the start date, and failure to successfully complete them may result in forfeiture of placement. I understand that if placed at Trinity Health System for the Professional Year of Study, I am subject to follow all rules, regulations, and policies of the laboratory and the health system.

SIGNATURE _____ DATE _____

PRINTED NAME _____

COMPLETED APPLICATION, 3 LETTERS OF RECOMMENDATION, INTERVIEW REQUEST FORM, AND OFFICIAL TRANSCRIPTS FROM ALL COLLEGES ATTENDED, ARE DUE BY DECEMBER 1 FOR THE CLASS THAT BEGINS THE FOLLOWING AUGUST. EXCEPTIONS TO THIS TIMELINE MAY BE MADE BY CONTACTING THE PROGRAM DIRECTOR.

Constance L. Moore, MEd, MLS (ASCP)^{CM}
Program Director
School of Medical Laboratory Science
Trinity Health System
4000 Johnson Road
Steubenville, OH 43952
740-264-8447 (phone)
740-264-8649 (fax)

(PLEASE CONFIRM THAT THE ABOVE DOCUMENTS HAVE BEEN SENT IF USING USPS, BY EMAILING TO THE ADDRESS BELOW)

PLEASE MAIL BY USPS TO THE ABOVE ADDRESS OR SUBMIT ONLINE TO:

constance.moore@commonspirit.org

The Trinity Health System School of Medical Laboratory Science is fully accredited with the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Successful students are eligible to take the American Society for Clinical Pathology Board of Certification Exam or American Medical Technologists Exam. Graduation, attrition, employment, and examination pass rates are posted in the "Information about the Program" section. More information may be obtained at www.naacls.org or by correspondence with NAACLS, 5600 N. River Rd., Suite 720, Rosemont, IL 60018, 773-714-8880. More information on the certification process can be found at www.ASCP.org and [https://:americanmedtech.org](https://americanmedtech.org)

**** Interviews will be held ONLY after all required documents have been received by the Program Director. Please indicate your availability for interviews by completing the "Interview Request Form".**