

**Please return to:** Andrews University Department of Medical Laboratory Sciences  
 4270 Administration Drive, Halenz Hall 218  
 Berrien Springs, MI 49104-0400  
**Phone:** 269-471-3336  
**Fax:** 269-471-6218

Department Use ONLY

Date received: \_\_\_\_\_

Name (please print) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Parent or Guardian (if under 24) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

 Do you have any physical handicaps which would limit your work as a Medical Laboratory Scientist?  Yes  No

 If yes, please explain \_\_\_\_\_ Are you color Blind?  Yes  No

 Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_

**Andrews University has a "NO SMOKING", "NO ALCOHOL", "DRUG FREE" policy which applies to all students as well as workers.**
*The following information will be used for statistical purposes only. This information will in no way influence decisions regarding admission.*

 Sex:  M  F Marital Status:  Single  Married  Divorced  Separated  Widowed

Religious Preference: \_\_\_\_\_

Birth Date: M/D/Y \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

 If you are not a US citizen, do you currently hold an I-20 or other visa?  No  Yes: If yes, explain the type of visa: \_\_\_\_\_

**Race:** Your disclosure/non-disclosure of the information below will not affect your eligibility for admission. The federal government requests that we collect this data for statistical purposes. The categories below do not denote scientific definitions of anthropological origins; we and the government recognize that the categories are not perfect or inclusive of everyone's complex backgrounds. Nevertheless, please select the one group with which you most closely identify.

 Black  American Indian or Alaskan Native  Asian  Pacific Islander  White

 Ethnicity:  Hispanic  Non-Hispanic

LIST SCHOOLS IN THE ORDER OF THE PRESENT OR MOST RECENTLY ATTENDED COLLEGE FIRST

Name of School	Location	Degree(s)	Date
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

Activities and Honors \_\_\_\_\_

**EMPLOYMENT EXPERIENCE, FULL TIME, SUMMER OR SEMESTER BREAKS, MILITARY SERVICE**

Type of Work	Employer	Location	Date	
_____	_____	_____	From _____	To _____
_____	_____	_____	From _____	To _____
_____	_____	_____	From _____	To _____
_____	_____	_____	From _____	To _____

Veteran of the U.S. Armed Forces?  Yes  No  Veteran's Dependent eligible for Schooling Benefits?  
 Veteran, But no longer eligible for Schooling Benefits

**EMPLOYMENT EXPERIENCE, DURING SCHOOL YEAR, ON OR OFF CAMPUS, VOLUNTEER, ETC.**

Type of Work	Employer	Location	College Year	Average Hours/Week				
				1-5	6-10	12-18	20-26	30+
_____	_____	_____	1st	_____	_____	_____	_____	_____
_____	_____	_____	2nd	_____	_____	_____	_____	_____
_____	_____	_____	3rd	_____	_____	_____	_____	_____
_____	_____	_____	4th	_____	_____	_____	_____	_____

**INDICATE THE PROGRAM FOR WHICH YOU ARE APPLYING:**

MEDICAL LABORATORY SCIENCE

1st Baccalaureate  2nd Baccalaureate  Certificate Only (must have baccalaureate; degree will not be granted)

**REFERENCES**

Please provide us with two references. One of the references should include a Biology or Chemistry Professor or Faculty Advisor. (References from family and peers are not accepted. Andrews University students, please do not select departmental faculty.) It is essential that you provide us with complete and correct information, including an active email address if available. The references are used to determine the candidate's personal, academic and professional suitability for entrance into the MLS health profession and are required as part of the application for acceptance into the MLS Clinical Year.

Name \_\_\_\_\_ Position \_\_\_\_\_

Years Known: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Years Known: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

1. I am applying to begin the clinical year in August \_\_\_\_\_ .
2. I understand that I may be required to attend the summer session prior to the Clinical Year if I have prerequisite requirements to complete.
3. I certify that all statements made by me on this application are true and complete to the best of my knowledge. Falsification will result in cancellation or dismissal.
4. I authorize investigation of all statements made by me on this application. I authorize my former and/or current instructors and/or employers to disclose truthful performance-related information that they may have concerning my studies and/or employment with them, and hereby release those instructors and/or employers, their employees, and their agents from any liability arising out of their disclosure of such information.
5. In the event of my becoming a student in the Andrews University Program for Medical Laboratory Science, I will comply with the rules and regulations set for me by Andrews University as well as the Department of Medical Laboratory Sciences.
6. I have read the attached information sheet of Essential Functions required of the professional Medical Laboratory Scientist and believe that I am able to meet them.
7. I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Andrews University

## Program for Medical Laboratory Sciences

### Essential Functions

#### 1. Professional skills:

- Must be emotionally stable.
- Must be able to deal with stress and maintain emotions under pressure and time constraints in a socially acceptable manner.
- Must be able to maintain professional decorum and composure in a wide variety of situations.
- Must be able to maintain confidentiality and absolute integrity.
- Must be able and willing to follow directions.
- Must be able to make decisions, prioritize tasks, and work on multiple tasks simultaneously.
- Must be able to both work independently and in cooperation with others.
- Must be able to apply acquired learned skills and knowledge to new situations.
- Must be able and willing to work with potential biologic, chemical, radiologic, mechanical and electrical hazards.
- Must maintain personal hygiene and neatness appropriate to the professional work place.

#### 2. Communication skills:

- Must be able to communicate effectively in spoken and written English.
- Must be able to comprehend and respond to both formal and colloquial English in person-to-person interactions, in written communications, and in telephone conversations.

#### 3. Physical requirements:

- Locomotion: Must have the coordination to allow free movement from one location to another in such areas as clinical and student laboratories, patient rooms, stairways and elevators. Must be able to stand (or sit) for extended periods of time.
- Motor skills: Must have the ability to lift and move objects of at least twenty pounds. Must have the fine motor coordination to perform delicate manipulations of clinical specimens and instruments.
- Tactile requirements: Must have a sense of touch, pressure and temperature discrimination.
- Visual acuity: Must be able to distinguish major colors, identify and distinguish objects and fine details both macroscopically and microscopically. Must have depth perception.

#### 4. Requirements for Clinical Affiliation Placement:

- Transportation: Must have available independent transportation to clinical practicum rotations. (Public transportation is not available at all clinical sites.)
- Student Trainee License: Must be willing to submit an application and pay fee for trainee license if required by the state where clinical practica experience is assigned.
- Social Security Number: Must have a United States Social Security Number.
- Criminal Background Check: Must provide an acceptable criminal background check as required to meet advancement to clinical practicum.
- Drug Screen: Must provide an acceptable drug screen as required to meet advancement to clinical practicum.
- Medical Clearance: Must submit the "Statement of Medical Clearance" form signed by a health care provider as required to meet advancement to clinical practicum.
- Immunizations: Must submit the "Documentation of Immunizations/Immune Status" form signed by a health care provider as required to meet advancement to clinical practicum.

#### 5. International Students must provide the Andrews University Student Services office photocopies of current I-20 document, the picture ID page of passport, and the US visa page from passport.