

**MEDICAL LABORATORY TECHNICIAN PROGRAM  
APPLICATION FOR ADMISSION**

**REQUIRED INFORMATION** (print or type)

**APPLICATION DEADLINE JUNE 1**

Name _____	Date of Application _____
Address _____	SS or Student ID # _____
City _____ St _____ Zip _____	Home Phone _____
e-mail _____	Alternate Phone _____

**EDUCATIONAL INFORMATION**

High School Graduation Date _____	GPA _____	Date of GED _____
ACT Scores E _____ M _____ R _____ SR _____ C _____	Date of ACT _____	
College _____	Dates Attended _____ to _____	
Address _____	Overall GPA _____	Credit Hrs. _____
College _____	Dates Attended _____ to _____	
Address _____	Overall GPA _____	Credit Hrs. _____

**MATH AND SCIENCE BACKGROUND**

<u>Grade Received in High School: (last 5 years)</u>	<u>Grade Received in College Courses:</u>
Biology I _____ Algebra I _____	Anatomy & Physiology I _____
Biology II _____ Algebra II _____	Anatomy & Physiology II _____
Chemistry _____ Geometry _____	College Level Math _____
Physics _____ Advanced Math _____	Intro to Chem/General Chem _____
Health Occupations Course _____	Microbiology _____
	Other _____

**MEDICAL EXPERIENCE**

Previous Medical Experience (Employment or Volunteer)	
Facility _____	Position _____
Address _____	Date _____ to _____

**JSCC ADMISSION STATUS**

Are you currently enrolled at JSCC? _____
If not currently enrolled at JSCC, have you completed the admission process? _____

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## CLINICAL HOSPITAL AFFILIATES

Indicate your first, second, and third choice of Clinical Hospital Affiliate:

- Baptist Memorial Hospital-Tipton, Covington
- Baptist Memorial Hospital-Union City
- Henry County Medical Center
- Jackson-Madison County General Hospital
- Jackson Clinic
- West Tennessee Healthcare – North
- West Tennessee Healthcare – Dyersburg
- West Tennessee Healthcare - Volunteer

Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, date? \_\_\_\_\_ Describe: \_\_\_\_\_

An affirmative response will not necessarily be a bar to admission. Students with a “yes” answer to this question are advised to consult with the MLT licensing board (1-888-310-4650, ext. 22768) regarding their licensing eligibility.

Are you now or have you ever been licensed/credentialed in a health care discipline? Yes \_\_\_\_\_ No \_\_\_\_\_  
If currently licensed, please give license number, state, and healthcare discipline: \_\_\_\_\_

Has your license/credential in a health care discipline ever been suspended, revoked, or put on probation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and indicate the status: \_\_\_\_\_

Have you applied for admission to the MLT program in the past? \_\_\_\_\_ If yes, year of application: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I am aware that falsifying or withholding information will lead to invalidation of my application and/or dismissal from the MLT Program. I understand this application is valid for one year only.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Rev 2021

*Jackson State Community College, a Tennessee Board of Regents institution, does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment or provisions of educational services.*

**Students accepted into the program will be required by affiliate clinical education centers to submit to drug testing and/or criminal background checks (at the student’s expense) prior to the clinical portion of the program. Findings or results may interfere with student clinical placement, which could result in a student’s inability to complete a course and the program.**