



2800 Clay Edwards Drive
 North Kansas City, MO
 64116-3220

CLINICAL LABORATORY SCIENCE PROGRAM APPLICATION

Last Name First Middle (Maiden Name)

Permanent Address _____

Street City State Zip Phone

School Address _____

Street City State Zip Phone

Social Security No. ____ - ____ - ____ U.S. Citizen: Yes () No ()

Date of class Degree Status: ____ 4+1 (Degree Completed)

applying for _____ (on that Date) ____ 3+1 (Clinical will complete degree)

Email Address: _____

Give the name and address of a person likely to know your address at all times.

Name Address City State Zip

EDUCATION RECORD

Colleges/Universities Attended	City/State	Attended From - To	Degree	Major

EMPLOYMENT RECORD

Name and Address of Employer	Employed From - To	Your Position	Reason for Leaving

References: List two academic references, to include one biology and one chemistry instructor. At least one reference must come from the degree granting institution. Also list one personal reference, preferably an employer.

Name Title Street City State Zip

STUDENT STATUS VERIFICATION

This is to verify that with the successful completion of the Spring Semester enrollment,

_____ will have completed the prerequisite courses in
(name of student)

the Medical Technology/Clinical Laboratory Science curriculum at

_____ and will be eligible to enter the clinical
(name of college/university)

(fourth) year at your Clinical Laboratory Science Program. It is further certified that upon notification of successful completion of the clinical program at your Clinical Laboratory Science School, the above-named student will be granted a Bachelor of Science degree in

_____ from _____
(name of college/university)

SIGNED

(Registrar)

May be modified to fit the requirements of the college/university.

WAIVER OF RIGHTS OF STUDENTS

I hereby voluntarily consent to the release, for admission purposes, of the following documents or information to be sent to professional or graduate schools designated by me:

1. Any and all record pertaining to academic performances at (list colleges and universities attended):

2. Letters of reference to the pre-professional advisor or pre-professional evaluation committee solicited at my request.
3. The evaluation by a pre-professional advisor or a pre-professional committee.
4. Letters of reference to admission committees solicited at my request.

I understand that I can request a copy of all records under Item 1 above. I waive any and all rights of access to any of Items 2, 3 and 4 above which would be otherwise available to me through the Family Educational Rights and Privacy Act of 1974, Public Law 93-380, as amended, or any other similar legislation. I freely waive this right in the belief that confidential reference statements (i.e., those not shared with the candidate) are more readily acceptable by prospective evaluators at the graduate and professional schools. I understand that such documents will be released only to persons with a bona fide interest in professionally reviewing my credentials, and that have the right know the names of any and all persons submitting letters of reference.

Date _____ Signature _____

Social Security Number ____ - ____ - ____

Dear Prospective NKCH Student,

Thank you for your interest in the North Kansas City Hospital School of Clinical Laboratory Science Program. These links contain information and all application materials needed for our Program. Please print and fill out the forms by hand and submit all of the materials to the address above; applications cannot be submitted online. ***Applications that are incomplete will not be considered for admission.***

Please submit the following application materials:

- 1) Application
- 2) Course List (if applicable)
- 3) Signed Waiver of Rights
- 4) Student status verification (if applicable, to be completed by the registrar)
- 5) Recommendation forms (to be completed by three individuals, preferably one from a biology professor, chemistry professor, and employer). Additional letters of recommendation are optional.
- 6) College/university transcript(s)

Classes begin each June and end the following April or May. There is not an official application deadline, although we start interviewing selected candidates in July, so the sooner we receive your application packet, the better. Typically our student selection is made mid to late September.

Once again, I thank you for considering the profession of Clinical Laboratory Science. I think you will find that as a Clinical Laboratory Scientist, you will be challenged and rewarded in many ways.

Marisa K. James MA, MT(ASCP)
Program Director of the
North Kansas City Hospital
School of Clinical Laboratory Science
marisa.james@nkch.org

CLINICAL LABORATORY SCIENCE RECOMMENDATION FORM

PLEASE TYPE OR USE BLACK INK

Confidentiality waived? YES NO

_____ (name) is applying for admission into a Clinical Laboratory Science/Medical Technology Program to complete those studies required to qualify for certification. The goal of each Program is to select those individuals most likely to satisfactorily complete the clinical program and become outstanding clinical laboratory scientists/medical technologists. Please give frank and careful evaluation of this candidate's abilities as your comments are an essential factor in the selection process.

How long have you known the applicant? _____

In what capacity? _____

Your opinion of applicant's integrity? _____

CHECK MOST APPLICABLE SINGLE RESPONSE:

ACADEMIC ABILITY

- brilliant, exceptional
- above average
- average
- capable but underachieves
- below average

MANUAL DEXTERITY

- remarkable, adept, uses equipment well
- acceptable performance
- acceptable but slow
- unacceptable lab performance
- no basis to judge

MOTIVATION

- strong drive
- moderate drive, definite goals
- average ambition
- lacks drive, no defined goals
- no basis to judge

RELIABILITY

- consistently dependable, accurate & prompt
- usually dependable, accurate & prompt
- questionable
- unreliable
- no basis to judge

QUALITY OF WORK

- unusually high, careful, neat
- above average
- average, does required work
- below average, careless
- often unacceptable
- no basis to judge

COOPERATION

- good team worker, respects authority
- meets others halfway
- inconsiderate, difficult, no respect for authority
- antagonistic, resists authority
- no basis to judge

JUDGEMENT

- unusual ability to evaluate pertinent factors
- good decisions on routine matters
- sometimes renders wrong conclusions
- often renders wrong conclusions
- no basis to judge

LEADERSHIP

- always assumes responsible role
- often assumes responsibility role
- accepts but doesn't seek leadership role
- refuses leadership role
- no basis to judge

INITIATIVE

- ingenious, does more than required
- required little direct supervision
- required moderate supervision
- required above-average supervision
- no basis to judge

ABILITY TO LISTEN & FOLLOW DIRECTIONS

- excellent
- above average
- average
- below average
- no basis to judge

RESPONSE TO CONSTRUCTIVE CRITICISM

- responds well, corrects problem pressure
- listens but often fails to alter performance
- emotional response but corrects problem
- emotional response, often doesn't alter performance
- denies validity of most criticism
- no basis to judge

EMOTIONAL STABILITY

- excellent self-control even under
- usually stable
- easily disturbed, but achieves goal
- instability interferes with achieving goals
- temperamental, loses control
- no basis to judge

COMMUNICATION: WRITTEN

- excellent grammar, spelling & organization
- above average
- acceptable
- poor grammar, spelling &/or organization
- no basis to judge

PERSONALITY

- outgoing, pleasant, well-liked
- distinctive but likable
- pleasant, accepted
- quiet, reserved
- overbearing, disagreeable, avoided by most
- no basis to judge

COMMUNICATION: ORAL

- excellent skills, organized, articulate and poised
- above average skills
- average, usually effective
- below average, often ineffective
- below average, usually ineffective
- no basis to judge

APPEARANCE

- unusually well-groomed
- well-groomed on most occasions
- acceptable, average
- rather poor impression
- untidy appearance a possible handicap
- no basis to judge

ADDITIONAL COMMENTS: Please indicate any additional comments or clarifications that you think are relevant. Attach additional sheets if needed.

SUMMARY OF EVALUATION

- outstanding candidate, recommended enthusiastically
- above - average candidate, recommended with confidence
- average candidate should be able to complete professional studies satisfactorily
- below average candidate, predict will have difficulties with professional studies recommended with reservation
- shows little promise; a high risk; not recommended

REFERENCE SIGNATURE _____

REFERENCE NAME _____

POSITION _____

ADDRESS _____

TELEPHONE () _____

DATE _____

This form may be copied if necessary