



APPLICATION FORM for Medical Laboratory Science Program
Unity Point Health-St. Luke's Hospital, Cedar Rapids, Iowa

Send application to: Lindsey Mullenbach, MLS (ASCP)
St. Luke's Hospital Laboratory
1026 A Avenue NE
Cedar Rapids, IA 52402

Please type or print legibly.

1. Full Legal Name _____
Last First Middle

2. Present Address _____
Street Apt # City

State Zip Phone

3. Last four digits of Social Security Number _____

4. E mail address _____

5. Have you previously been enrolled in the clinical year of a MLS/MT program? _____yes _____no

6. Please list post-secondary educational institutions attended. List the most recent first and in chronological order from there. Request each college or university previously attended to mail an official transcript to the MLS/MT Program by the application deadline.

College, University, Professional, Technical Or Business Schools	Location City, State	Attendance Dates		Degree or Certification Obtained	Date Rec'd or Expected
		Mo.Yr. From	Mo. Yr. To		

7. Honorary and professional organizations, scholarships and honors, college and post college) extra-curricular activities and offices held. You should not list any which indicate race, religion, color or national origin.

8. Have you ever been subject to academic or disciplinary action (i.e., probation, suspension, dismissal) from any institution attended? _____ Yes _____ No. If yes, explain and give dates and other details on the reverse side of page 3.
9. Academic Record: Please complete the attached sheet. Your application is incomplete without it.
10. I have toured or shadowed a clinical lab **YES NO**. If **YES**, where _____
12. List employment and professional experience. Begin with most recent position.

Employer	Position	Dates

13. List References:
- (a) One science professor or teaching/lab assistant, preferably chemistry
 - (b) One science professor or teaching/lab assistant, preferably biology
 - (c) One from another professor or a current/former employer

Name	Title
1) _____	_____
2) _____	_____
3) _____	_____

14. Checklist of material required to complete application, all to be postmarked by **October 1st**.
- _____ College Transcripts
 - _____ Letters of Reference – three required (form found online)
 - _____ Technical Standards (form found online)
 - _____ Application Fee of \$35 due with application. Make check out to: St. Luke's MLS Program
 - _____ One page typed essay describing why you chose MLS as a career & your future plans as an MLS.

Indicate your preference to be enrolled in the **Summer Class** _____ or **Winter Class** _____ and please provide any supplemental information as to why you have selected that class if applicable.

I certify the above information is complete and correct.

Signature

Date

St. Luke's Hospital does not discriminate in its educational programs and activities on the basis of race, national origin, color, religion, sex, age, disability, or veteran status.
 St. Luke's MLS Program requests this information for the purpose of making an admission decision about you. No persons outside the Admission's Committee are provided this information. Misrepresentation of information on this application may invalidate the application and make you ineligible for consideration for any Iowa Medical Laboratory Science/Medical Technology Program.

Applicant's Name _____

Medical Laboratory Science Curriculum Requirements

Please identify the courses you have taken and/or currently are enrolled in to meet each of the MLS Program prerequisites. In addition, list any recommended courses you have taken. Please list only one course in each line of the table and identify which institution the course was taken at. If you are currently in a course or are registered to take a class in another semester, under the letter grade section place **IP (in progress) or P (planned course)** and place the semester of enrollment in the year/semester column.

Labs required for these courses which do not require separate registration do not need to be listed separately, just add the credits to the main course credits. If you have repeated courses, place the most recent information on this form. Quarter Hours (QH) should be converted to Semester Hours (SH). 1 S.H.-1.5 Q.H 1 Q.H-0.67 S.H.

Prerequisite	Dept.	Course Title	Institution	Year or Semester	Credits or Semester Hours	Letter Grade
General Biology sequence courses (ex. Gen Bio I and II)						
Microbiology						
Human Physiology						
Genetics or Molecular Biology						
General Chemistry sequence courses						
Organic Chemistry						
General Biochemistry						
College Level Mathematics-Preferably Statistics						

Recommended Courses	Dept.	Course Title	Institution	Year or Semester	Credits or Semester Hours	Letter Grade
Parasitology						
Hematology						
Immunology						
Ethics						
Medical Terminology						
Analytical or Instrumental Chemistry						

Please take the time to provide explanations for ALL Withdrawals and Repeated courses on your transcripts below. Use the back of the application form to further elaborate if extra space is required.