

Cleveland Clinic School of Cytotechnology
9500 Euclid Ave – Mail code L13
Cleveland, Ohio 44195

Application for Admission

Please print in blue or black ink and scan and email them to Bridgette Springer at springb@ccf.org or mail them to the above address: Attention B. Springer Program Director

Name:

Last:_____ First:_____ MI:_____

Present Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____ (circle one) Cell Day Evening

Alternate Telephone:_____ (circle one) Cell Day Evening

E-mail address_____

Permanent Address: (if different from above)

City:_____ State:_____ Zip Code_____

Other Contact: (Name and relationship)_____

Telephone:_____

Persons with foreign credentials are required to complete the addendum application as well as this one and supply additional materials as requested in the addendum application instructions in order to be considered as a candidate for this program.

List all colleges and universities attended and arrange to have an official transcript from each sent to this program (attention Program Director):

<u>College or University</u>	<u>Dates Attended</u>	<u>Degree(s) Awarded</u>
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Employment Record: (please list 3 most recent)

<u>Employer</u>	<u>Type of Employment</u>	<u>Dates/Reason for Departure</u>
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References: Please submit 3 (2 must be from Academic sources): Each must send a letter of reference and complete a reference form (included in the application packet). Each is to be sent under a separate cover to this program or must be placed in sealed signed envelopes, returned to the applicant and included with the completed application form. (Attention program director)

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Essay: Please attach to this application form a 1 page essay in which you indicate your reasons for applying to this program, the basis for you choosing Cytotechnology as a career, your future aspirations and those personal attributes you feel will contribute to your ultimate success as a cytotechnologist.

By signing this application form, I certify that the information I have supplied on this application is complete and true to the best of my knowledge. I understand that intentionally falsified information will result in elimination from consideration for this program.

Signature: _____

Date: _____

Cleveland Clinic does not discriminate in admission, employment, or administration of its programs or activities, on the basis of age, gender, race, national origin, religion, creed, color, marital status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law. In addition, Cleveland Clinic administers all programs and services without regard to disability, and provides reasonable accommodations for otherwise qualified disabled individuals.

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Cleveland, OH 44195**

**Reference Evaluation
Waiver Form**

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, First, Middle or Maiden Name)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this reference and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C. 1232 g (a) (1), I have the right to read this reference and letter for recommendation.

Applicant's Signature: _____ **Date:** _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this reference and letter of recommendation.

Applicant's Signature: _____ **Date:** _____

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Cleveland, OH 44195**

Reference Evaluation Form

To the Applicant: Name: _____

Please give a copy of this 2 page form to each of the references listed on your application form and ask each to give an assessment of your abilities as they may pertain to this profession. In addition, please ask each reference to provide a personal letter of recommendation for you to this program.

To the Evaluator:

The above individual is completing their application to the Cleveland Clinic School of Cytotechnology. This is a 1 year post baccalaureate certificate allied health program in the study of cancer diagnosis on the cellular level. The field requires medical knowledge, patience and visual acuity. The program is academically challenging and is looking for applicants who are mature, responsible, manage a rigorous schedule and work independently. Please complete the following reference form and include a personal letter of reference for the applicant. You can give them to the applicant in a sealed, signed envelope to send with their application, scan and email them to Bridgette Springer at springb@ccf.org or mail them to:

Bridgette Springer, Assistant Program Director
Cleveland Clinic School of Cytotechnology
9500 Euclid Avenue/Mail Code: L-13
Cleveland, OH 44195

Thank you for your time and honest assessment.

Background Information

How long have you known this applicant and in what context?

In what ways do think this applicant fits/does not fit the type of individual outlined in the description of a successful student supplied to you on this form?

Applicant Name: _____

Evaluator Name: _____

Please rate this applicant in the following areas by checking the appropriate boxes:

	No Basis	Below Average	Average	Above Average	Superior
Academic Achievement					
Intellectual Ability					
Quality of Writing					
Original Thought					
Verbal Communication					
Disciplined work habits					
Maturity					
Motivation/Initiative					
Leadership					
Integrity					
Reaction to Setbacks					
Concern for Others					
Self Confidence					
Goal Setting					
Logic Skills					
Time Management					
Organization					
Team Participation					

Is there any other characteristic you can add in support of this candidate?

By signing below, I certify that the information contained herein is accurate and complete to the best of my knowledge:

Signature of Evaluator: _____

Date: _____

☐ I am enclosing the requested personal letter of reference.

Thank you!

Addendum Instructions for Applicants with Foreign Credentials

Please Note:

The Cleveland Clinic School of Cytotechnology can only accept students who are Citizens of the United States or have Permanent Resident Visa status.

Foreign Transcripts:

All foreign transcripts must be evaluated by an accrediting agency sanctioned by The American Society of Clinical Pathologists (ASCP) to determine the eligibility of the applicant. A list of the agencies can be found by contacting the ASCP at:

33 West Monroe Street, Suite 1600
Chicago, IL 60603

P 312.541.4999

Please have an original copy of the transcript evaluation sent directly to:

Cleveland Clinic School of Cytotechnology
Attention Program Director
Cleveland Clinic
9500 Euclid Ave. Mail Code L13
Cleveland, OH 44195

English Proficiency:

Foreign applicants who do not have English as their first language must demonstrate English proficiency by submitting passing results of a standardized proficiency test. The Test of English as a Foreign Language (TOEFL) is recommended and can be obtained through:

The Educational Testing Service
P.O. Box 899
Princeton, NJ 08540

Please complete the Addendum Application Form on the next page of this document.

Addendum Application for Students with Foreign Credentials

Name:

Last: _____ First: _____ MI: _____

Foreign Transcripts:

If you listed foreign colleges or universities on the application, have you sent copies of the transcripts for evaluation by a sanctioned agency and requested a copy to be sent directly to this program?

Yes ()

No () Explain: _____

English Proficiency:

Have you taken the TOEFL or its equivalent?

Yes () Score _____ (Please include documentation)

No () Explain: _____
