

Supplemental Application
Medical Laboratory Science Program

General Information

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Education History

I am applying as a 3+1 student: Yes: No:

I am applying as a 4+1 student: Yes: No:

I am enrolled in or are planning to enroll in the following courses to meet Biology, Chemistry, or Math prerequisites:

Course name: _____ # of credits: _____

Course name: _____ # of credits: _____

Course name: _____ # of credits: _____

Course name: _____ # of credits: _____

Course name: _____ # of credits: _____

I have had formal training in a Medical Laboratory Science or Technology program: Yes: No:

If yes, please describe:

I am a member of an allied health club or society at my academic institution: Yes: No:

If yes, please list each and describe your involvement:

Certification Information

I am a certified laboratorian (MT, MLS, MLT): Yes: No:

If yes, list certifying agency: _____ Certification date: _____

Experience

I have previous laboratory experience: Yes: No:

If yes, please describe:

I am a member of a local, state, or national professional society: Yes: No:

If yes, please list each and describe your involvement:

Clinical Experience

I am interested in completing a portion of my clinical experience at Cleveland Clinic Akron General (approximately five weeks in the fall and five weeks in the spring):

Yes

No

Maybe

Essays

In 100 – 500 words, please describe your projected career goals and interest in laboratory medicine:

In 100 – 500 words, please indicate why you have applied to the Cleveland Clinic Medical Laboratory Science

Program:

I certify that all information submitted in the admission process, including this application and any other supporting materials, is my own work, factually true, and honestly presented, and that these documents will become the property of the School of Health Professions and will not be returned to me. I am aware I must meet health and background check requirements in order to begin my program. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and certificate should the information I have provided be false. I agree to notify the School of Health Professions immediately should there be any change to my criminal history or the information requested in this application.

Signature: _____ Date: _____