Application for

Oregon Tech – OHSU Medical Laboratory Science Program

Oregon TECH OHSU
Medical Laboratory Science

Applicant Information

Legal Name: _____
Last First Middle

Other names that may appear on your academic records: _____ **DOB** _____

Preferred Name: _____ **Gender** (optional) ☐ Man ☐ Woman ☐ Non-Binary ☐ Other

Oregon Tech Student ID (if known) **Year of Entry** _____

How did you learn about the Program? _____

Citizenship Information

Please choose one option below:

- ☐ U.S. Citizen
- ☐ U.S. Permanent Resident
  - Country of Citizenship _____
  - Attach photocopy of Permanent Resident Card
- ☐ Non-U.S. Citizen or Permanent Resident
  - Country of Citizenship _____
  - Visa Type (if applicable) _____

Race & Ethnicity (Optional)
Please check all that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other_____

Are you a veteran of the U.S. Armed Forces?
☐ Yes ☐ No

In compliance with federal reporting requirements, Oregon Tech must seek to identify the ethnic background of applicants.

You are encouraged to supply thisinformation, but may decline without prejudicing your application.

Contact Information

Mailing Address:

_____
Street Address

_____
City State Zip

Permanent Address: Same as Mailing Address? ☐ Yes ☐ No

_____
Street Address

_____
City State Zip

Email _____

Contact Phone: ( ) _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ **Alternate phone/email:** _____

Additional contact information: _____

Educational History – College & University

Have you ever been dismissed from any school or college? **Yes** ☐ **No** ☐ Denied re-admission for any reason? **Yes** ☐ **No** ☐	If "yes" to either question, please attach an explanation.

Have you previously applied to the Oregon Tech/OHSU MLS Program? **Yes** ☐ **No** ☐ **Year:**

In chronological order, list all colleges or universities you have attended, are currently attending, or from which you will receive credit. Official transcripts in a sealed envelope should accompany your application submission. Please note, all transcripts will become property of this institution.

Institution Name	City & State	Dates attended (month/year)	Degree awarded (if applicable)

Educational Plans

List below all courses you are presently enrolled and those courses you plan to complete during the remainder of the academic year. Use additional paper if necessary.

Term	Course Number	Course Name	Credits	School

Job Shadow

Have you job shadowed with a clinical lab scientist or visited a clinical laboratory?

Yes ☐ **No** ☐

Please provide details. Use additional paper if necessary.

Volunteer History

In chronological order, please list your volunteer experience. Attach additional pages if necessary.

Dates Volunteered		Organization	City & State	Scope of volunteer work
From (m/y)	To (m/y)			

Employment History

In chronological order, please list all of your employers and positions held for the last ten years, or since you graduated from high school. Attach additional pages if necessary.

Dates Employed		Employer's Name	City & State	Position
From (m/y)	To (m/y)			

Oregon Residency

Are you claiming tuition classification as an Oregon resident? **Yes** ☐ **No** ☐
Oregon Tech will make the final decision regarding your residency status.

Your signature is required on all items below. Without your signature, this application for admission cannot be processed.

Background History

Have you ever been convicted of a misdemeanor or felony? ☐ **Yes** ☐ **No**

Have you ever been found not guilty by reason of insanity, mental disease, defect, etc. in any proceeding in which you were charged with a misdemeanor or felony? ☐ **Yes** ☐ **No**

If the answer to either of the questions above is "yes" please attach an explanation with your submission. If applicable, include the crime involved, any sentence imposed, and the year(s), state and country in which the legal proceedings took place. SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU/OIT, THE INDIVIDUAL MUST INFORM THE DIRECTOR OF THE MEDICAL LABORATORY SCIENCE PROGRAM.

I understand that if admitted to the Program I will be subject to a background investigation and drug screen. Adverse criminal or employment records, may affect admittance or continued enrollment to the Program and/or impact my eligibility for clinical site placement and/or employment in the field of Clinical Lab Science.

Signature _____ Date _____

Please continue to the next page.

Essential Requirements

The Oregon Tech • OHSU MLS program has established non-academic standards of performance defined as *essential requirement*s. These essential requirements are in accordance with the Americans with Disabilities Act (PL101-336) and the standards of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).
Through their professional conduct, students represent Oregon Tech, OHSU, the MLS profession and, more specifically, the MLS Program. Additionally, MLS program students must possess knowledge, skills, attitudes and judgment to work in a wide-ranging variety of settings where laboratory testing is performed. Consequently, to be admitted and maintain enrollment, participate in, and successfully complete the Oregon Tech • OHSU MLS program, a student must meet the following minimum expectations and standards of performance:

Expectations of Mastery and Skill in Information Acquisition and Communication

A. Students must demonstrate ability to acquire and to communicate information. Specifically, a program student must be able to:

1. Read for comprehension and follow verbal and written instructions to demonstrate mastery of information presented in coursework, including relevant content in basic science and clinical courses, at a level deemed appropriate by the faculty.
2. Effectively communicate in written and spoken English in order to transmit information to faculty, staff, peers, and members of the healthcare team.
3. Make a correct judgment in seeking supervisory help and consultation in a timely manner.
4. Utilize technology to research, investigate, acquire and present information obtained by observation and experimentation.
5. Use strategies that minimize miscommunication.
6. At all times and in all circumstances, follow established procedures to protect protected patient information communicated by non-electronic and electronic means.

Expectation of Motor and Sensory Functions

B. Students must demonstrate sufficient motor and sensory function to execute movements required to carry out work assignments in all phases of diagnostic testing, including preanalytical, analytical, and postanalytical. Specifically, a program student must be able to:

1. Distinguish physical and or chemical attributes, including color, shape, size and fine detail of objects both macroscopically and microscopically.
2. Demonstrate sufficient dexterity to manipulate specimens, laboratory utensils, tools, equipment and instrumentation including computer touch-screens, keyboards and handheld calculators, necessary to obtain and report complete and accurate diagnostic test results.
3. Demonstrate adequate mobility to attend to duties in the various locations of the medical laboratory work environment.
4. Use sensory skills to acquire and apply information presented by various means and media, including demonstrations.
5. Perform sustained, often repetitive physical activity that may require sitting, standing and/or walking for prolonged periods of time.

6. Accurately read and record numbers, letters and symbols displayed in print whether transmitted through non-electronic, electronic or other technological media.
7. Demonstrate proficiency performing a wide range of tests in areas of the contemporary medical laboratory including but not limited to hematology, clinical chemistry, immunohematology, microbiology, molecular and emerging diagnostic analyses.

Expectations of Professionalism

C. Students must project an image of professionalism through behavior, speech, and grooming. Each student is to possess requisite knowledge and skill and safely perform a wide variety of test procedures with precision and accuracy. Specifically, a program student must be able to:

1. Follow established laboratory safety protocols when working with various sample types including blood, urine, and other body fluids and tissues, and with microbial organisms that may be infectious, and hazardous chemicals.
2. Work accurately and safely under stress and time constraints, and make subjective evaluations and decisions when mistakes may have a high impact on patient care.
3. Adapt to changing environments, maintain a professional demeanor, and concentrate in distracting situations.
4. Demonstrate attributes that include integrity, responsibility, and tolerance.
5. Speak, act and perform all work in an ethical manner.
6. Show respect for self and others.
7. Work independently as well as cooperatively with others, performing professional obligations in a timely, responsible manner.
8. Prioritize tasks and accept responsibility for work performed independently and as a team member.
9. Assess his or her performance, willingly accept criticism, and look for ways to improve.

These essential requirements identify the standards for admission, retention and graduation of applicants and students respectively. The expectation is that successful program students graduate with medical laboratory science career-entry competencies.

I certify that I have read and understand the Medical Laboratory Science Program's Essential Requirements for admission and that I meet each of them, with or without reasonable accommodation.

_____

Signature **Date**

Certification & Authorization

SSN Disclosure and Consent Statement. OIT and OHSU are required to obtain your Social Security Number (SSN) in order to file certain returns with the Internal Revenue Service (IRS) and to furnish a statement to you. The returns that OIT and OHSU must file contain information about qualified tuition and related expenses. Privacy Act Notice: Section 6109 if the Internal Revenue Code requires that you give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the SSN for identification purposes and to help verify the accuracy of your tax return. For more information, refer to IRS code 6050S.

OIT will assign a student ID number other than your SSN to use while attending OIT. You signature certifies the accuracy and completeness of the information provided before the form can be processed.

In accordance with OHSU Policy No. 02-01-003, Student Drug and Alcohol Testing, OIT and OHSU MLS Program requirements, all incoming students with a clinical, externship, or patient care component will complete one or more drug test screenings. Please see the OIT-OHUS Student Handbook for policy information outlining the testing process, for cause and disciplinary actions in accordance with the Code of Conduct.

My signature at the end of this form authorizes OIT, OHSU, and the Oregon University System (OUS) to use my SSN for tracking and statistical purposes as outlined on the OHSU website and in the OUS Disclosure and Consent Statement appearing on the OIT web site.

I certify that I have provided complete and accurate statements on this application. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal and referral to the appropriate MLS certifying body for further investigation. I authorize the release of any information submitted by me in connection with this application to any person, corporation, association or government agency by OIT only to verify or explain this information.

Signature Date

Students with Disabilities: Oregon Institute of Technology is committed to accommodating the needs of students with disabilities whenever possible. Students with disabilities who anticipate needing accommodations should contact Disability Services, as early as possible in advance of enrollment to ensure timely provision of services. Questions may be directed to: Director for Disability Services, OIT, 3201 Campus Dr., Klamath Falls, OR 97601-8801. Email: access@oit.edu. Phone: (541) 885-1129 or TTY (541) 885-1072. Web: www.oit.edu/ds. Alternate Format: This publication is available in alternate format for persons with disabilities.

Oregon Institute of Technology does not discriminate on the basis of race, color, national origin, gender, mental or physical disability, age, religion, marital status or sexual orientation. The following office handles inquiries regarding this non-discrimination policy: OIT's designated TITLE IX/ADA/504 Coordinator, Ron McCutcheon at (541) 885-1108 (TTY/TTD 541-885-1072), or Room 108 of Snell Hall.

Completed Application

Return application and all materials to:

Oregon Tech – OHSU
Medical Laboratory Science Program
27500 SW Parkway Ave.
Wilsonville, OR 97070

Any updated or additional information, transcripts, reference letters, or other materials should be addressed to and sent to the Program address above.