

Evanston Hospital

Application for NorthShore University HealthSystem - Evanston Hospital Medical Laboratory Science Program

SELECTION

Evanston Hospital seeks applications from individuals whose academic life experiences indicate a high degree of personal and professional promise. To this end, admission is selective. The academic record is considered the best single predictor of future academic success, and it is given high consideration for admission. The interview and recommendations are additionally important considerations.

APPLICATION

A completed application must be received by November 30 prior to the start of class and consists of:

1. an application form with a \$25.00 non-refundable application fee (make checks out to NorthShore University HealthSystem Laboratory Education)
2. transcripts from all universities/colleges attended. As each succeeding semester/quarter is completed an updated transcript must be sent.
3. two reference letters, typed on institutional or professional letterheads; these letters can be from science course instructors, academic advisors, supervisors or managers at places of employment.
4. signed Essential Functions Agreement statement

ACCEPTANCE INFORMATION

No transfer credit will apply toward the clinical curriculum. All courses must be taken, no waivers will be allowed. The Medical Laboratory Science Program is a full time/32 semester hour curriculum.

PERSONAL INTERVIEW

A personal interview is required. An interview will not be scheduled until all data listed above have been received.

FOREIGN GRADUATES

Individuals who possess a foreign degree and who wish to apply must satisfy the following criteria.

1. acceptable visa status
2. possession of a foreign science degree equivalent to a baccalaureate degree in the United States. Course work must meet the requirements specified by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the Board of Certification. A transcript evaluation performed by one of the external agencies included on the enclosed list must be completed.

APPLICATION FOR ADMISSION			
Name (Last)		(First)	(Middle)
e-mail address		Social Security Number	
Permanent Legal Address		Telephone Number	
Mailing Address		Telephone Number	
Date of Birth	Gender	Country of Birth	Citizenship/Visa Status
Person to be notified in case of emergency		Relationship	
Address		Telephone Number	
LIST ALL COLLEGES AND CLINICAL LABORATORY PROGRAMS ATTENDED:			
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS (MOST RECENT FIRST)			
Employer		Dates	Position
Employer		Dates	Position
Employer		Dates	Position

REFERENCES

Two letters of recommendation from science professors must be sent directly to the Program Director at Evanston Hospital using the enclosed forms. List their names and addresses below:

1.

2.

EXTRACURRICULAR ACTIVITIES IN COLLEGE (list or include resumé)

HONORS RECEIVED IN COLLEGE (list or include resumé)

ETHNIC ORIGIN

The following information is requested so that NorthShore-Evanston can document compliance with Federal regulations. This information is not used in the selection process. Please indicate the description that best reflects your origin.

- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North America
- Black/Non-Hispanic:** a person having origins in any of the black racial groups of Africa
- Asian or Pacific Islander:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands
- Hispanic:** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race
- White/Non-Hispanic:** a person having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian Subcontinent

INTERVIEW

A personal interview is required. Please list dates and time when you will be available.

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I certify that the information submitted in this application is complete and correct to the best of my knowledge.

Applicant's Signature

Date

Compose a handwritten statement in the space provided below, explaining the reason(s) you chose Medical Laboratory Science as a profession.

PLEASE RETURN THE APPLICATION TO:

Tyrie Gardner, MS, MT(ASCP)
mlsprogram@northshore.org

**Department of Pathology &
Laboratory Medicine**
NorthShore University HealthSystem
Evanston Hospital
2650 Ridge Avenue, Evanston, IL

The program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Interested parties may contact NAACLS at:

**National Accrediting Agency for
Clinical Laboratory Sciences**
5600 N. River Road, Suite 720
Rosemont, IL 60018
(773) 714-8880
info@naaccls.org

Evanston Hospital

**Recommendation for Clinical Education
Medical Laboratory Science**

To the Applicant	
<p>The family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request.</p> <p>The Act also provides that, in the case of recommendations, the Institution may request, but not require, the student to waive his/her right to read confidential recommendations. Please indicate whether or not you waive your right to read the confidential recommendation on this form and sign your name.</p>	<p>I ___ do waive my right to read this form.</p> <p>I ___ do not waive my right to read this form.</p> <p>_____</p> <p>Student Signature</p>
To the Person Completing This Recommendation	
<p>NorthShore University HealthSystem, Evanston Hospital Medical Laboratory Science Program has selective admission. Accordingly, the Admissions Committee will be reviewing my records including courses pursued and grades received. The Committee recognizes that those factors alone cannot in themselves predict my personal and professional promise; therefore, I have been asked to present a reference which is directed to my initiative, leadership ability, academic strength, interpersonal skills, and professional goals.</p>	<p>_____</p> <p>Name</p> <p>_____</p> <p>Title and Position</p> <p>_____</p> <p>Institution</p>

Professional capacity in which you have known the student:

Period of time you have known the student: _____

Signature: _____ Date: _____

Recommendation

Please attach a letter of recommendation using official stationary. Your prompt reply is appreciated.

Essential functions represent the non-academic ability of the applicant or student to accomplish the essential requirements of the Medical Laboratory Science Program. These standards are based on the essential skills of the medical laboratory science student. They must be mastered in order to obtain credit for the educational program.

Vision	The student must be able to identify sizes and shapes and discriminate colors or shades both macroscopically and microscopically.
Communication	The student must be able to communicate fluently in English by written and oral and/or alternate means. This includes the ability to successfully receive and transmit information. The student must also be able to read and follow instructions.
Movement	The student must have the ability to freely maneuver around the assigned laboratory work areas and patient care settings.
Motor Skills	The student must be able to safely and accurately perform diagnostic laboratory procedures. This includes, but is not limited to, lifting, operating instruments, performing manual tests, and performing phlebotomy.
Emotional Stability	The student must be able to accurately perform laboratory duties in a stressful environment. This includes, but is not limited to, identifying and responding to emergency and on-routine situations.

Please sign this page, make a copy for your records, and return it with your application.

I have read and understand the essential functions for the Medical Laboratory Science Program. I believe I can and am prepared to meet these requirements.

Print Name

Signature

Date