

Send Application to:
Terese M. Abreu
Director, Medical Lab Science Program
3240 Fort Road
Toppenish, WA 98948

Heritage University
Medical Technology Program
APPLICATION FORM

Personal Data

Name (last, first, middle)

Address	City	State	Zip Code
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Phone () Message phone ()

Email address (where you can be contacted for the next year)

If you are accepted, can you provide proof of your right to live legally in the US for the 12-month training?

Yes No

Are you 18 or over? Yes No

Education Record

High School

Address

Diploma

College/University #1

Address

Degrees or diplomas

College/University #2

Address

Degrees or diplomas

Current Department Director or Advisor

Other educational advantages: (workshops, seminars, or other allied health programs, memberships in professional organizations, etc)

Employment History

Begin with most recent employer. Attach additional sheet if needed.

Employer #1 Dates of employment

Address

City State Zip code

Phone ()

Title/duties

Supervisor's name

Reason for leaving

Employer #2 Dates of employment

Address

City State Zip code

Phone ()

Title/duties

Supervisor's name

Reason for leaving

Employer #3 Dates of employment

Address

City State Zip code

Phone ()

Title/duties

Supervisor's name

Reason for leaving

Based on your current knowledge of the medical technology program, can you perform the essential functions of the training program with or without accommodations: Yes No

Courses in Progress of Planned:

Course number	Course credits	Course Title: attach additional sheet if needed

References:

List three professional references that are familiar with the quality of your work, or student performance, have worked directly with you or have known you at least two years.

Reference #1

Work phone () Home phone ()

Address

City State Zip code

Reference #2

Work phone () Home phone ()

Address

City State Zip code

Reference #3

Work phone () Home phone ()

Address

City State Zip code

Additional Information:

In your own handwriting, briefly discuss your area of special interest in laboratory medicine and your ultimate professional objectives.

Add information not otherwise included on the form that you feel is pertinent to your application:

Applicants accepted into Washington programs will be asked to complete a Washington State Patrol Request for Criminal History Information Form. All programs follow Equal Opportunity guidelines. We prohibit discrimination against any person because of race, sex, marital status, sexual orientation, age, creed, political ideology, and national origin, the presence of sensory, mental or physical disability or on any other basis prohibited by local, state or federal law.

I verify that the information stated on this application is true:

Applicant's signature:

Date

PACIFIC NORTHWEST MEDICAL TECHNOLOGY PROGRAMS
CONFIDENTIAL RECOMMENDATION FORM

Please print (use black ink).

Applicant's name: _____

Recommended by: _____ **Title:** _____

College / Company: _____ Phone: _____

Association with student: _____ Length of time: _____

Recommendation based on: Daily contact _____ Frequent observation _____ Infrequent observation _____
 (at least once a week) (less than once a week)

DIRECTIONS:

1. The above named applicant is applying for admission into our medical technology clinical training program. Would you please be kind enough to give a frank and careful estimate of this candidate's ability? Your recommendation will be used to help select individuals most suited for our program.
2. Carefully read each statement and place an (X) in the box that most nearly expresses your judgment. Refer to the summary at the end for interpretation of recommendation categories.
3. Comments are requested for each item where the recommendation is either above or below acceptable. If needed, an additional sheet may be attached or a letter of reference written addressing the areas described below.

- | | |
|-----------------|---------------------|
| 5 = Exceptional | 2 = Fair |
| 4 = Good | 1 = Unacceptable |
| 3 = Acceptable | 0 = Unable to judge |

COMMUNICATION	5	4	3	2	1	0
Communicates written ideas in an effective, grammatically correct manner.						
Interpersonal communication is organized and direct.						
Clarifies misunderstandings when unsure of instructions, information, or feedback.						
Communicates needs and desires in an appropriate and timely manner.						

COMMENTS:

APPLICATION OF KNOWLEDGE	5	4	3	2	1	0
Retains new information and displays comprehension by discussion or questions.						
Employs sound deductive reasoning in application of knowledge in new situations.						
Critically evaluates results and reaches valid conclusions.						

COMMENTS:

ORGANIZATION / WORK HABITS	5	4	3	2	1	0
Establishes priorities to meet deadlines. Comes prepared to do assigned tasks.						
Uses time efficiently and does not waste time.						
Maintains orderly work area.						
Uses and maintains equipment / instruments properly.						
Uses materials and supplies economically.						
Manipulates laboratory apparatus with confidence and ease.						

COMMENTS:

INTEREST AND MOTIVATION	5	4	3	2	1	0
Exhibits motivation by seeking information and realistically assessing talents and interests.						
Demonstrates curiosity by performing unsolicited work or obtaining additional information.						
Volunteers to help others when possible.						

COMMENTS:

ACCOUNTABILITY	5	4	3	2	1	0
Arrives when expected and begins assigned tasks promptly.						
Follows instructions carefully. Does not use unacceptable shortcuts.						
Demonstrates perseverance by voluntarily repeating work if indicated.						
Completes assigned tasks.						
Rarely absent.						

COMMENTS:

ADJUSTMENT TO STRESSFUL SITUATIONS	5	4	3	2	1	0
Remains composed in unanticipated or adverse situations.						
Able to adjust work pattern or organization to accommodate the situation.						
Accepts constructive criticism as evidenced by prompt and consistent improvement.						
Maintains friendly relationships and sense of humor with others when under stress.						

COMMENTS:

DECISION MAKING	5	4	3	2	1	0
Recognizes problems.						
Formulates plan of action.						
Follows through to solution.						
Accepts consequences of decisions.						

COMMENTS:

INTERPERSONAL SKILLS WITH PEERS AND INSTRUCTORS (SUPERVISORS)	5	4	3	2	1	0
Is a good team worker – demonstrates ability to compromise.						
Makes suggestions for change in positive manner through proper channels.						
Generally supports policies and accepts things that cannot be changed.						
Gives validity to the opinions and rights of others - sensitive and supportive of others' needs.						
Able to organize and lead group activities.						

COMMENTS:

Summary of Recommendation: Place an (X) by the statement that most nearly expresses your judgment.

- 5) Recommended enthusiastically / Exceptional individual
 4) Recommended with confidence / Should do well in clinical training program
 3) Recommended / Acceptable / Should be able to complete clinical training program
 2) Recommended with reservation / May have difficulty completing clinical training program
 1) Not recommended / Unacceptable
 0) Unable to judge

Signature: _____ Date form completed: _____

Return completed form to: Terese M. Abreu, MA, MLS (ASCP)^{CM}
 Heritage University MLS Program
 3240 Fort Road
 Toppenish, WA 98948