

Medical Laboratory Technician (MLT) Program Admission Process and Checklist

To begin the admissions process, the following items will need to be completed. All documentation must be received by **June 15th** to be considered for the following fall semester. (**Deadline has been extended to August 10, 2017**) **Applicants must return the application form and a \$20.00 application fee to the Admissions Office. All other items listed below should be returned in one envelope to the Allied Health Office. Official transcript(s) must be sent directly from the previous institution(s) to the Registrar's Office.**

Applicants who have submitted a complete application by the deadline will be considered for acceptance. The MLT Program Acceptance Committee will convene to review applications and make selections for admission to the program. A letter will be sent to all applicants notifying them of their status. A letter will be sent to all applicants notifying them of their status, approximately 1 week after the deadline. Applications will not be kept on file.

Please note: The MLT program is available on the Winona Campus only.

CHECKLIST

Student Name: _____

- _____ **Application form**
- _____ **\$20.00 application fee**, a one-time fee for new enrollees (Fee waived for students who attended credit courses at MSC-ST, Red Wing or Winona campus)
- _____ **Completed Program Prerequisite Checklist: PAGES 2-3**
- _____ **Health Record Form: PAGES 4-6**
- _____ **MLT Essential Functions Form: PAGES 7-8**
- _____ **Criminal Background Study Form: PAGES 9-10.** The study will be run prior to your first fall MLT courses and annually thereafter.

After the application deadline, applicants who have submitted a complete application will be reviewed based on:

- **Grade Point Average (GPA)**
- **Completed Math, Science and English Courses**
- **Current MSC Southeast Student**
- **Previous Degree(s)**

MLT Program Prerequisite Checklist (Pages 2-3)

Student _____ Date/Time Completed _____

Date Received in Admissions _____

Application Deadlines: **June 15th** to be considered for **fall** semester. The checklist must be complete and all documentation received to be considered for admission.

Initials	Date mm/dd/yy	Required Item
	Passing grade _____ Date _____	Chemistry Prerequisite (a <u>Chemistry course</u> is required for the program) <ol style="list-style-type: none"> 1. Completion of CHEM 0510 Fundamental Chemistry with a grade of "C" or higher. OR 2. Requirement waived with an <u>official</u> transcript documenting a transfer course of equal or higher level.
	Score _____ Test Date _____ Passing grade _____ Date _____	Math Prerequisite (a <u>Math course</u> is required for the program) <ol style="list-style-type: none"> 1. Accuplacer College level Math minimum score of 50. (Test scores cannot be over 2 years to use as a prerequisite.) OR 2. ACT math score of 22 or higher (Test scores cannot be over 2 years to use as a prerequisite) OR 3. Completion of MATH 1555 Algebra or MATH 1577 Special Topics in Math or MATH 0990 STATWAY Statistics 1 with a grade of "C" or higher 4. Requirement waived with an <u>official</u> transcript documenting a transfer course of equal or higher level. <p>**Please note: higher Accuplacer scores may be required for certain General Education courses. Please check course prerequisites.</p>
	Score _____ Test Date _____ Passing grade _____ Date _____	English Prerequisite (an <u>English course</u> is required for the program) <ol style="list-style-type: none"> 1. Accuplacer Reading minimum score of 78. (Test scores cannot be over 3 years to use as a prerequisite.) OR 2. ACT English score of 18 or higher (Test scores cannot be over 3 years to use as a prerequisite.) OR 3. Completion of ENGL 0528 Reading and Writing III with a grade of "C" or higher. OR 4. Requirement waived with an <u>official</u> transcript documenting a transfer course of equal or higher level. <p>**Please note: higher Accuplacer scores may be required for certain General Education courses. Please check course prerequisites.</p>
	Date Completed form Submitted: _____	Criminal Background Study Form Minnesota law requires that any person who provides services that involve direct contact with patients at a health care facility licensed by the Minnesota Department of Health have a background study. An individual who is disqualified from having direct patient contact as a result of the background study and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in clinical placement and therefore will not be able to successfully complete the MLT program. As the MLT program uses facilities in Minnesota, Wisconsin and Iowa, the same background criterion is used. The study will be run at the time prior to fall start of classes (Checklist continued next page)

	Mantoux Date: _____ 	Health Record Form This form MUST include Mantoux test or chest x-ray information. Mantoux test must be renewed annually. Chest x-ray is required if Mantoux test is positive An annual influenza vaccine is required prior to clinical rotation.
	Date Reviewed: _____ 	MLT Essential Functions Form Review the program essential functions list. Sign, date and submit the statement of understanding

MLT Grade Requirements

- Courses taken at Minnesota State College Southeast must be a grade of C or higher
- Transfer grades in Liberal Arts must be a grade of “C” or higher
- Transfer grades in Technical Courses must be a grade of “B” or higher

Medical Laboratory Technician Program Health Record Form (Pages 4-6)

Minnesota State College Southeast is asking you to provide private information in order to process your MLT Program Health Record Form. This information will be used to update your health records. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law. If you have any concerns or questions about this form, please contact the MLT Program Director at 507-453-1478. Please return completed form to the Allied Health Office.

Part A: Student completes

Name _____
 Last First Middle/Maiden

Address _____ Phone (_____) _____

_____ Birth date _____
 City, State, Zip

In Emergency
 Notify: _____
 Name Address Phone

Health Insurance is strongly recommended. Any hospital or medical costs incurred while a student are the responsibility of the student.

Please read carefully and sign:

I understand that there are conditions for which accommodations may be appropriate under the Americans with Disabilities Act and that the MLT Program will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, I must contact the counselor's office.

I understand that any health care costs incurred during the period of time I am a student in the MLT Program will be my responsibility.

I hereby grant Minnesota State College Southeast permission to share information contained in the HEALTH RECORD FORM with those clinical institutions with whom I affiliate in my student role, should the clinical institution request or require it.

I understand that failure to sign this form or to provide the information requested could mean that a clinical site may refuse me placement at their facility. The MLT Program does not guarantee an alternative facility placement. I also understand that if no alternative facility placement is available, I may be unable to progress in the MLT Program.

I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.

 (Signature of Student) (Date)

(Continued next page)

MLT Program Health Record Form Immunity Requirements

You must provide documentation of all immunizations and/or titers. Attach Documentation to this form.

MMR Immunity: All students must have ONE of the following:

Documentation of two MMR's Dates of Vaccination: _____
OR
Rubella titer indicating immunity Date Titer Read: _____ Result _____

Hepatitis: All students must be vaccinated against Hepatitis B*

_____ Date of 1st dose of vaccination
_____ Date of 2nd dose of vaccination
_____ Date of 3rd dose of vaccination

Diphtheria – Tetanus (Adult Type): All students must know their diphtheria-tetanus status

_____ Date of last vaccination
Inoculation for tetanus within the last 10 years is required

Chicken Pox (Varicella): All students must know their chicken pox status either by:

Documentation of two doses of vaccine Dates of Vaccination: _____
OR
Varicella titer indicating immunity Date Titer Read: _____ Result _____

Polio: Polio Immunization Date or Titer

Documentation of vaccine Dates of Vaccination: _____
OR
Polio titer indicating immunity Date Titer Read: _____ Result _____

(Continued next page)

(You must provide documentation of all immunizations and/or titers. Attach Documentation to this form.)

Tuberculosis Immunity

Mantoux test: A licensed person must read the Mantoux

Date given: _____ Date read: _____ Result: _____

Chest X-ray: required only if your Mantoux result is positive. The MLT program requires a yearly chest x-ray for individuals with a positive Mantoux

Date of x-ray: _____ Results: _____

Annual Influenza Vaccine (flu shot): All students rotating between October 1 and March 31st must have an annual flu shot to attend the clinical experience.**

_____ Date of Influenza Vaccine

Immunity Requirements: please do not submit this form until all requirements are met* and data are provided (except Influenza vaccine **)

*Exception—Hepatitis B has been initiated

**For fall semester provide documentation of Influenza vaccine prior to clinical experience (vaccine usually available in October)

Medical Laboratory Technician Program Essential Functions Form (pages 7-8)

Essential functions are the nonacademic requirements of the program a student must be able to perform/exhibit to succeed in the program's didactic, applied and clinical arenas. The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. If you have any questions regarding these, you should contact the Program Director or the Admissions advisors. Please sign and turn in this completed form with your checklist.

Observation

1. See details at close range and at a distance.
2. Characterize the color, odor, clarity and viscosity of biological specimens, reagents and chemical reaction products.
3. Recognize alarm sounds.

Communication

1. Able to interact with others in English, both verbally and in legible written form.
2. Demonstrate sensitivity, confidentiality and respect when communicating with faculty, students, healthcare professionals and patients.

Psychomotor Skills

1. Perform fast, simple, repeated movements of the fingers, hands, and wrists.
2. Obtain patient specimens in a timely, safe and professional manner.
3. Grasp, hold and transport, with gloved hands, specimens, reagents, hazardous chemicals and equipment in a safe manner as needed to perform laboratory testing.
4. Move from room to room, maneuver in small spaces, stand and walk for extensive periods of time, and able to move close to benchtop clinical instruments.
5. Lift and manipulate/move a twenty-pound instrument or box of supplies.
6. Use laboratory equipment and instruments to perform laboratory procedures according to established guidelines.
7. Perform work accurately and precisely.
8. Travel to assigned clinical laboratory practicum sites.

Intellectual/Cognitive Abilities

1. Demonstrate a comprehension of the theory, procedural and technical aspects of laboratory tests.
2. Recognize abnormal laboratory results and take appropriate action.
3. Demonstrate critical-thinking and judgment skills appropriate to a given situation.

Behavioral/Social Attributes

1. Display honest, compassionate, ethical and responsible behavior.
2. Function as a team member and show respect for individuals of different age, social, emotional, cultural, and intellectual backgrounds.
3. Exercise independent judgment and accept responsibility for own work.
4. Be flexible and adapt to professional and technical changes.
5. Comply with safety procedures, including the ability to wear safety glasses, face mask/shield, protective clothing and protective gloves.

(Form continued next page)

6. Exhibit a professional attitude in dress, attendance, punctuality and conduct.
7. Follow all established policies and procedures of the program and clinical practicum sites.

Ethical Standards

1. Follow patient confidentiality guidelines.
2. Must be forthright about errors or uncertainty and accept and act on constructive criticism and look for ways to improve.

If you have a documented disability, there may be accommodations that can be made to assist in your successful completion of the program, please see a college counselor.

Yes No ***I have read and understand the Program Essential Functions relative to the Medical Laboratory Technician Program***

The Americans with Disabilities Act bans discrimination of persons with disabilities, and in keeping with this law, Minnesota State College Southeast makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions demanded by the program and of the occupation. Students with documented disabilities which require accommodations or special services to meet the Essential Functions of the program should contact Disability Services (507-453-1443) for assistance, advising and arrangement of appropriate accommodations.

Sign and turn this completed form with your checklist.

Student Signature _____

Print your name here _____

Date _____

Medical Laboratory Technician Program Criminal Background Study Form (Pages 9-10)

Minnesota law **requires** that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Minnesota Department of Health have a criminal background study. An individual who is disqualified from having direct patient contact as a result of the background study **and whose disqualification is not set aside by the Commissioner of Health**, will not be permitted to participate in a clinical placement in a Minnesota licensed health care facility.

The clinical experience is an integral and essential part of our program. Minnesota law requires health care facilities licensed by the Minnesota Department of Health to check or have knowledge of a student’s criminal background and could use the results to refuse to accept a student’s placement at its facility. **If the student refuses to participate in the background study, the clinical facility will refuse to accept the student.** We cannot guarantee an alternative facility placement. If no alternative facility placement is available, the student will be unable to fulfill the requirement to successfully complete the program and may be terminated from the program.

Minnesota State College Southeast is in compliance with Minnesota law which requires criminal background studies be conducted for all students prior to acceptance in the program, as well as annually while the student is in a clinical experience.

THIS IS A LAW DETERMINED BY THE STATE OF MINNESOTA. IT IS NOT A POLICY DETERMINED BY MINNESOTA STATE COLLEGE SOUTHEAST, HOWEVER; OUR COLLEGE MUST COMPLY WITH THE STATE LAW.

IN ORDER TO PROCESS YOUR CRIMINAL BACKGROUND STUDY, the college requires the following information:

PLEASE PRINT

Print Name	
Other First or Last names you have used	
Gender	
Date of Birth	
Minnesota Driver’s License Number	
Race (optional)	
SSN	

Phone number	
Address	
City	
State and Zip code	

AUTHORIZATION FOR THE RELEASE OF BACKGROUND INFORMATION:

I hereby authorize **Minnesota State College Southeast** to release information contained in its files (including but not limited to reports, records and letters or copies thereof) regarding a background study performed by the Department of Human Services, or a request to the Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to participate in clinical placements to fulfill the requirements of the program at Minnesota State College Southeast. This information may be released to any of the clinical facilities.

Student Signature _____

Name (print) _____

Date _____