

**APPLICATION FOR ADMISSION TO SCHOOL OF MEDICAL LABORATORY SCIENCE
APPLICANT FROM AUBURN OR TROY AFFILIATE PROGRAM**

10/2022

To the Applicant: Federal law prohibits discrimination in employment and selection practices because of race, color, religion, sex, age, national origin, or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for selection on the basis of the above. We appreciate your interest in our school.

**The following documentation must be received by February 15 for the July Class and August 15 for the January Class:
a) Application; b) Transcripts from universities and colleges; c) Letters of recommendation from 2 of your science instructors.**

Name _____
 Last First Middle

Present Address _____
 Number Street City State Zip

Telephone Number (____)_____ Cell Phone Number (____)_____

e-mail_____

Permanent Address _____
 Number Street City State Zip

Telephone Number (____)_____ Desired Entrance Date _____

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

NAME OF SCHOOL AND LOCATION DATES ATTENDED DEGREE AND YEAR AWARDED OR DUE

AFFILIATE PROGRAM - put an X by one of the following:

___ I am currently enrolled as an Auburn University medical laboratory science or laboratory science program.

___ I am currently enrolled as a Troy University medical laboratory science student.

REQUIRED PREREQUISITES – see School Brochure for information

Put an X by the prerequisites you have already completed. Affiliate students may apply while coursework is in progress; however, all prerequisites must be completed before the start of the internship.

Within 5 years prior to start of internship with grade of C or better: ___ Immunology ___ Microbiology (with lab)

Within 7 years prior to start of internship with grade of C or better:

___ Genetics ___ Statistics ___ Anatomy and Physiology ___ Organic Chemistry I & II

___ Biochemistry I or II ___ Hematology

List courses you are currently taking or plan to complete prior to the start of the internship:

RESIDENCY REQUIREMENT - see School Brochure for information

Put an X by one of the following:

___ I am a United States citizen.

___ I am not a United States citizen. Applicants who are not US citizens must include a copy of their visa and documentation of Legal Right to Work in the U.S. This documentation must be sent with the School application and must meet current Homeland Security Rules, Baptist Health policies, and other applicable laws.

RECORD OF EMPLOYMENT

List employment history in order, last employer to first. May we contact your present employer? Yes___ No___

Start/ End Dates	# Hrs/ week	Name & Address of Employer	Job Title	Pay Rate	Supervisor's Name and Title	Reason you left

Describe in detail the work you did:

Start/ End Dates	# Hrs/ week	Name & Address of Employer	Job Title	Pay Rate	Supervisor's Name and Title	Reason you left

Describe in detail the work you did:

EDUCATIONAL AND EMPLOYMENT REFERENCES

List 2 science instructors whom you plan to ask to send letters of recommendation. Applicants with work history are encouraged to have a third letter sent by a current or recent employer. Letters of recommendations are due by February 15 for the July class or August 15 for the January class.

Instructor # 1 (required reference)

Name:
Course Taken With Instructor:
Instructor's phone # or e-mail:

Instructor 2 (required reference)

Name:
Course Taken With Instructor:
Instructor's phone # or e-mail:

CAREER PLANS

Describe your career plans after internship and explain how a hospital-based internship will help you achieve your goals.

Application Consent and Release Form

I hereby apply for admission to the Baptist Medical Center South School of Medical Laboratory Science (the “School”) and whether or not my application is accepted, I acknowledge, consent, and agree as follows:

I understand that the completion of an application and submission of transcripts and letters of recommendation in no way guarantees that I will receive an interview or any other further consideration for admittance into the School.

As an applicant for admission, I have the burden for producing adequate information for proper evaluation of my qualifications. I, also, agree to update the School with current information regarding all questions contained in this application as such information becomes available and any additional information as may be requested by the School or its authorized representatives. Failure to produce any such information will prevent my application for appointment from being evaluated and acted upon.

I fully understand that any significant misstatements or omissions from this application constitute cause for denial of admission or cause for summary dismissal from the School. All information submitted by me in this application is true to my best knowledge and belief.

By applying for enrollment and/or employment, I hereby signify my willingness to appear for interviews if requested to do so by the School in regard to my application and authorize the School and its representatives to consult with my prior employer and their employees, officers, etc., with which I have been associated and with others, who may have information bearing on my work, professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the School and its representatives of all records and documents, including medical records that may be material to an evaluation of my qualifications and competence to perform the work required as well as my moral and ethical qualifications to meet the standards for the unpaid position of Medical Laboratory Science Intern (MLS Intern) and the standards for potential consideration for the paid position of MLS Intern.

I hereby release from liability all representatives from any school I have attended, my former employer, or other person or persons for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals or organizations who provide information to the School in good faith and without malice concerning my competence, ethics, character and other qualifications for admission, and I hereby consent to the release of such information.

I hereby further authorize and consent to the release by the School to other employers, and other interested persons on request any information the School may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability the School and its staff for so doing.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that all applications, reference checks, transcripts, letters of recommendation, and any other materials submitted and/or generated during the selection process are the property of Baptist Medical Center South School of Medical Laboratory Science. I understand that, if accepted, I must pass a Criminal Background Check, employment verification reference, and an employee health physical, which are provided through Baptist Health, as a requirement for continued admittance to the program. I also understand that if accepted I will be on a probationary basis for a period of 6 months from the date of entering the program and may be discharged before the expiration of that period without recourse.

The following documentation is due by February 15 for the July class and by August 15 for the January class. It is the responsibility of the applicant to contact instructors in sufficient time for them to write and send recommendations, and to ensure that paperwork is received by the deadline.

1. Application
2. Transcripts from universities and colleges attended
3. Letters of recommendation and student evaluation form from 2 of your university science instructors.
4. Critical Analysis Passage

I have read and agree to all provisions of the Application Consent and Release Form. For electronic applications: My typed name below has the same force as my signature.

Date

Signature of Applicant

Printed Name of Applicant

PLEASE COMPLETE SUBMIT WITH YOUR APPLICATION.

CRITICAL ANALYSIS PASSAGE

Directions: On a separate piece of paper (place your name at the top), answer the following questions in your own words, based ONLY on the procedure below. Use complete sentences. A word-processed response is expected. DO NOT use sources other than the passage/information shared below.

LEUKOCYTE ALKALINE PHOSPHATASE STAIN (LAP) PROCEDURE

1. Prepare the staining solution according to package insert immediately before use.
2. After collection, place the air dried blood smears in a coplin jar containing citrate buffered acetone (fixative) for 30 seconds.
3. Carefully rinse the smears in running distilled water for 45 seconds. Do not allow smears to dry.
4. Place smears in the staining solution for 30 minutes at room temperature.
5. Wash smears in distilled water for 2 minutes. Do not allow smears to dry.
6. Counterstain with Mayer's hematoxylin for 10 minutes. Rinse smears in distilled water for 3 minutes.
7. Examine the smears microscopically in a relatively thin area of the smear using the oil immersion objective (100x). Count 100 consecutive neutrophils and grade each one from 0 to 4+ on the basis of the appearance (quantity and intensity) of the precipitated dye in the cell. The cytoplasm of the cells will be colorless to pale blue.
8. The total rating for 100 neutrophils is determined by multiplying the number of cells in each group by its rating and adding these numbers together for the total LAP score. The normal range for this test is 30 to 185. Decreased LAP scores are associated with chronic myelogenous leukemia, while increased LAP scores are seen in leukemoid reactions.

Directions: On a separate piece of paper (with your name), type answers to the following questions in your own words, based on the above procedure. Use complete sentences. DO NOT use sources other than the above passage.

1. What should be done immediately after cleaning the smears with distilled water for 2 minutes?
2. Calculate the LAP score for a sample that gave the following staining results (show your work).

# of Neutrophils	8	11	23	27	31
Grade	0+	1+	2+	3+	4+

3. Indicate whether the LAP score you recorded for question 3 is increased, decreased, or normal when compared to the normal reference interval. Would you believe that this result came from a patient with Chronic Myelogenous Leukemia? Explain why or why not.
4. A person did everything according to the above procedure, except he/she counted a total of 80 neutrophils. How might this impact the final LAP result? Do you think the LAP score generated would be accurate? Explain.
5. Read the following scenario. Describe all instances where the procedure was not followed, and indicate what should have been done instead.
Scenario: A laboratory employee made LAP stain according to the package insert. She then gathered the dried smears that needed to be stained, and placed them in a coplin jar of acetone fixative for 30 seconds. She then rinsed the smears with a steady stream of distilled water for 45 seconds. She left the smears at room temperature for 30 minutes, and then stained them for 30 minutes, also at room temperature. After staining, she rinsed the smears for 2 minutes with distilled water, and then immediately placed the smears in the counterstain for 2 minutes. She then did a final rinse with distilled water for 3 minutes, and began microscopic evaluation.