**Application for Admission**

Preferred Entrance Date:  January \_\_\_\_\_\_\_\_\_  July \_\_\_\_\_\_\_\_\_

*Year Year*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last Previous/Maiden*

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Where should correspondence be sent?  Present Address  Permanent Address

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone Number Email Address*

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been convicted of a felony? No Yes

If not a U.S. citizen, what type of Visa do you possess? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Military Service?  No  Yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to answer

**Record of Education**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of School City State*

University/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of School City State Dates Attended*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of School City State Dates Attended*

Have you already graduated?  Yes. Year\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. Expected graduation or date MLS prerequisites will be complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List courses still in progress, fall and spring semesters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List college activities, honors, citations, scholarships, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Record of Employment**

Have you had any experience in the healthcare field?  Yes  No

List positions held since high school, starting with the most recent.

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*Company Name City/State Dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position Hours per Week*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company Name City/State Dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position Hours per Week*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company Name City/State Dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position Hours per Week*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company Name City/State Dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position Hours per Week*

In addition to the completed application, the following information is required:

1. **Official college transcripts** must be mailed or emailed to CoxHealth School of Medical Laboratory Science directly from the college/university. Transcripts must be received before an interview can be scheduled. (The National Accrediting Agency for the Clinical Laboratory Sciences allows for transcript evaluation by the school officials.)
2. Sign and return the **Essential Functions for the MLS Student** form.
3. If you have not already received your Bachelor’s Degree prior to submission of this application, take the **Student Status Verification** form to the Registrar at your college/university and ask that it be completed and mailed to the MLS school at the address included on the form. The college/university may substitute another form or letter if they prefer. This is required for all students who have not received a Bachelor’s Degree at the time of application, regardless of declared major.
4. It is your responsibility to distribute **three** **Recommendation Forms** to employers or academic instructors, preferably in the biology and chemistry departments. Recommendation forms should be mailed or emailed to the program director from the recommendation individual. It is your responsibility to ensure the forms are received by the MLS Program Director.
5. Submit a **handwritten statement** concerning your interest in medical laboratory science, including your motivation to enter the field, future employment plans, and ultimate goals.

The application materials listed above must be returned to the Program Director by mid-**August** for the following January class consideration and mid-**November** for the following July class consideration.

1. After we have received all of the information requested above, we will contact you to arrange an appointment for your **personal interview** if selected.
2. If you are accepted as an MLS student at CoxHealth, you will be asked to submit a **pre-entrance physical examination**. The form will be supplied by the MLS school and should be completed by your personal physician. This form must be returned to the school by to the entrance date for your class.
3. CoxHealth is committed to providing a drug-free and safe working environment. In the spirit of this concept, all persons entering Cox School of Medical Laboratory Science will be required to submit to a **drug screening procedure** by the entrance date of your class. Admission into the training program will be contingent upon a negative drug screen.

CoxHealth does not discriminate in the selection of students with respect to race, color, creed, sex, age or national origin. Disabilities will be considered if the applicant can meet the essential functions for the MLS student with reasonable accommodations.

*I certify that the information contained in this application is accurate and complete to the best of my knowledge. I realize that misrepresentation of facts called for on the application will be cause for rejection of the application or possible dismissal from the program.*

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*Printed Name Signature Date*

Please submit the completed application and requested materials to:

**Kate Orlandi, Program Director**

**Cox School of Medical Laboratory Science**

**3801 S. National Ave.  
Springfield, MO 65807**