Montana Medical Laboratory Science Professional Program

109 Lewis Hall
MSU Dept. MCB
Bozeman, MT 59717- 3520

PERSONAL DATA

Name (Last, First, Middle) _____
Current Address _____
City _____ State_____ Zip code_____
Permanent Address _____
City _____ State_____ Zip code_____
Phone Number _____ E-mail address_____

Emergency Contact
Name _____ Phone Number_____
Address _____
City _____ State_____ Zip code_____
If you are accepted, can you provide proof of your U.S. citizenship or legal right to live in the U.S? Yes _____ No _____

EDUCATIONAL RECORD

High School_____Location_____Year Graduated _____
Indicate all post-secondary education institutions attended (attach additional lines if necessary)

1. College/University _____
   City/State of Institution _____
   Degree Received/Anticipated_____
   Attendance Dates _____ GPA _____
2. College/University _____
   City/State of Institution _____
   Degree Received/Anticipated_____
   Attendance Dates _____ GPA _____
3. College/University _____
   City/State of Institution _____
   Degree Received/Anticipated_____

Attendance Dates _____ GPA _____
I have earned my BS/BA degree in _____ (field of study) in _____ (year) or I will earn my BS/BA degree from my home institution _____ after completing the MMLS Professional Program.

COURSE WORK

Please list all the courses you have or will have taken before entering the training program. Please print additional copies of this page if extra room is needed.

Course No.	Credits	Description	Date completed or will complete	Grade
Chemistry:				
Biology/Microbiology:				
Mathematics/Physics:				

EMPLOYMENT HISTORY

List most recent employer first. Please list and attach additional employers if needed.

1. Employer _____ Supervisor_____
   Address _____
   City _____ State_____ Zip code_____
   Phone _____ Average hrs/wk _____
Title/duties_____
_____
Dates of Employment _____
Reason for Leaving _____

2. Employer _____ Supervisor_____
   Address _____
   City _____ State_____ Zip code_____
   Phone _____ Average hrs/wk _____
Title/duties_____
_____
Dates of Employment _____
Reason for Leaving _____

ADDITIONAL INFORMATION

Honors, Awards, Scholarships

Extracurricular Activities

Volunteer or Military Service

SELF-ASSESSMENT

Please respond to the following statements with 3-4 hand-written sentences.

1. How did you first learn of the medical laboratory science profession?

2. What specifically attracts you most to the profession?

3. What personal, positive qualities do you have that you feel would be an asset to you in this profession?

Signature_____ Date_____

The Montana Medical Laboratory Science Professional Program will be affiliated with the following Montana hospitals. Please mark your 1st-5th choices for hospital rotations in the fall and spring semesters. Because we have multiple students applying from various communities, there is no guarantee your choices will be possible, but we will do our best to place you where you would like.

Name _____

_____Benefis Health System, Great Falls
_____Billings Clinic, Billings
_____Bozeman Health, Bozeman
_____Community Medical Center, Missoula
_____Great Falls Clinic Hospital, Great Falls
_____Logan Health Kalispell /Cabinet Peaks Medical Center, Libby
_____Logan Health Kalispell /North Valley Hospital, Whitefish
_____Logan Health Kalispell
_____St. James Healthcare, Butte
_____St. Patrick Hospital, Missoula
_____St. Peter's Hospital, Helena
_____St. Vincent Healthcare, Billings
_____VA Montana Healthcare System, Fort Harrison
_____Bitterroot Health Daly Hospital, Hamilton

Please provide a list of your references. The reviewers will use this information only to contact the person if a reference is not received.
References will be submitted by:

Name: Phone number: e-mail:

1._____

2._____

3._____

Essential Functions

Essential functions are non-academic requirements of the MMLS program that students must demonstrate to successfully participate in the program and eventually seek employment in Medical Laboratory Science.

I. Vision: Students must be able to read and interpret charts, graphs, and labels, read and interpret instrument panels and printouts, discriminate colors, hue shading or intensity and clarity, and read microscopic material and record results.

II. Speech and Hearing: Students must communicate effectively and sensitively to assess non-verbal communication, adequately transmit information, and follow verbal or written communication.

III. Motor functions: Students must have the skills to carry out diagnostic procedures, manipulate tools, instruments, and equipment, perform phlebotomy safely and accurately, and travel to a clinical site for practical experience.

IV. Behavioral Requirements: Students must possess the emotional health required to utilize the applicant's intellectual abilities fully, recognize emergencies, and take appropriate action.

V. Physical Requirements: Students must be able to complete fine repetitive hand movement; twist and bend; handle flammable and infective materials; handle hazardous chemicals and electrical equipment; lift ten pounds; maintain prolonged sitting or standing positions; maintain concentration with distracting noises and proximity to fellow workers, tolerate unpleasant odors, work in buildings either above or below ground level; work in an environment without windows; and perform keyboarding.

VI. Critical Thinking: Students must be able to perform complex interpretative testing appropriately.

VII. Professionalism: Students must maintain a professional attitude and appearance.

Essential Functions Understanding

I, _____, have read the Essential Functions list and feel that I am capable of performing all listed requirements.

Signature_____ Date_____