APPLICATION FOR MEDICAL LABORATORY TECHNOLOGY PROGRAM

Date received: ______________

Initials: ________________

Name: ________________________________ Date: ________________

TYPE OR PRINT IN BLUE OR BLACK INK ONLY.

Have you met the admission criteria for the MLT program?

**MLT Clinical Phase Admission Requirements** (A student must be enrolled in or have completed the following general education courses):

- _____ English 101- Freshman English (3 Credits)
- _____ Biology 101 General Biology I (4 credits)
- _____ Math 102 College Algebra or Math 109 Probability and Statistics (3 credits)
- _____ Social Science Elective or Humanities Elective (3 credits)
- _____ AND a minimum of one of the following science courses:
  
  - Biology 116 Human Biology (3 credits) OR Biology 201 Human Anatomy and Physiology (4 credits) OR Biology 207 Human Anatomy/Physiology of the Human I (4 credits)
  
  - Biology 204 General Microbiology (4 credits)
  
  - Chemistry 100 Elements of Chemistry OR Chemistry 101 General Chemistry I (4 credits)

(Ideally, students would have completed Biology 101, Chemistry 100 or 101, and also either Biology 116 or Biology 204 prior to beginning the spring clinical MLT phase.)
Status: Mark the appropriate response below:

_____ I have Applied to Allegany College of Maryland as a new or transfer student with the MLT clinical phase admission requirements completed

Have you sent all official transcripts for other colleges attended?
_____ YES   _____NO

_____ I am current ACM student and pre-MLT is my major. I meet the MLT clinical phase admission phase requirements.

_____ I am a current ACM student currently listed as another major, but I wish to switch my major to MLT. I meet the MLT clinical phase admission phase requirements.

I am requesting to enter the identified program during the following semester:
_____ MLT Clinical Phase: Spring Semester – Year _____________

NOTE: This application is good only for the term and year marked above.

- Correspondence will be sent via email address indicated below as well as the official College email address. Notify the MLT Department of any changes after submission.
- It is your responsibility to ensure that all requested documents are received before the deadline date.

Name: ______________________________________________________________________
Mr./Ms.   Last    First    Middle

Address: _____________________________________________________________________
Street     City    State

Cell Phone: _________________________  Home Phone: ______________________

Personal Email address (Print Legibly):
________________________________________________________

We are not responsible for illegible or incorrect email addresses. A response may not be received by student.

Student ACM ID#: ________________________________ Date of Birth: __________________(If known)

High School/GED: ________________________________ Graduation date/GED date: __________
List any Colleges or Post-Secondary Schools Attended (regardless of relevance to health sciences field)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
List any healthcare work experience
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you applied to any Health Sciences classes at ACM previously? ____Yes ____No
Have you attended any Health Sciences classes at ACM previously? ____Yes ____No
Have you tested or trained as a medical professional? ____Yea ____No
Why do you believe you would be successful in this program?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Applicant’s Signature ______________________________________ Date _____________

Allegany College of Maryland does not discriminate against students or prospective students for reasons of race, sex, color, religion, national or ethnic origin, age, veterans’ status, conditions of disability, or sexual orientation in admission, educational programs, and activities, scholarships and loan programs, or any terms and conditions of enrollment. The College complies with applicable state and federal laws and regulations prohibiting discrimination.

The MLT program is accredited by the National Accrediting Agency for the Clinical Laboratory Sciences (NAACLS). The National Accrediting Agency for the Clinical Laboratory Sciences has offices at 5600 N. River Road, Suite 720, Rosemont, IL 60018-5119, 847-939-3597. Graduates receive an Associate of Applied Science degree and are eligible to take the Board of Certification examination administered by the American Society of Clinical Pathologists (ASCP).