College of Allied Health Sciences

MEDICAL LABORATORY SCIENCE

Bachelor of Science in Medical Laboratory Science Program
Certificate in Medical Laboratory Science Program

Clinical Year Application Packet

Contents
Admissions Instructions
Program Application
Statement of General Health
Essential Functions
3 Reference Forms

Deadline: December 1

For Application Assistance: 513-558-2901
University of Cincinnati / Medical Laboratory Science Program

Application Instructions – see also Clinical Application FAQs on our website

Deadline: December 1

This application is to be completed by students applying to the clinical portion of one of two programs: the BS-MLS program OR the certificate in MLS program. Completion of the clinical year is required to complete a BS-MLS or MLS certificate and to be eligible for the national certification exam. Applications are accepted year-round and reviewed once a year starting in December for admission to the clinical program which begins the following fall semester. The clinical year starts only in the fall, lasting for three full-time semesters. Students may apply to complete the clinical year part time or with a Co-op option, both of which require additional time to complete.

Admissions Requirements:
The Medical Laboratory Science major is open to all students who meet the program’s admission requirements established by the College of Allied Health Sciences. Admission to the clinical year is not guaranteed: it is competitive and requires separate application. Priority is given to students in UC’s BS-MLS program. All prerequisite courses (or approved substitutes) must be completed prior to beginning the clinical year. A 2.5 cumulative and Math/Science GPA is recommended for admission into the clinical program; however, GPAs of admitted students have been higher during the last several years – see the FAQs on our program website for more information. Students with lower averages may apply and will be considered for admission on a competitive basis.

To ensure your materials are received by deadline, we recommend that you allow adequate time to complete all components of the application. **Review of applications begins immediately after the deadline.** Use the checklist below to ensure you have completed all of the application components following the suggested minimal time frames:

<table>
<thead>
<tr>
<th>Task</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Identify 3 references, send each a reference form and allow time for the forms to be returned</td>
<td>Allow min. one month</td>
</tr>
<tr>
<td>Statement of General Health (does not require a physical but your healthcare provider may require one before signing the form)</td>
<td>Allow enough time for healthcare visit if provider requires (min. one month)</td>
</tr>
</tbody>
</table>
| Send transcripts (this may be unnecessary for UC students, see Transcript directions below) | Allow min. two weeks **
** Allow more time for transcripts from non-US institutions which require evaluation. |
| Complete and mail application including Essential Functions and General Health forms | Allow min. one week |
| Send unofficial grade report for Fall grades (For non-UC students taking Fall courses) | As soon as all Fall grades post |
References:
Enclosed are three reference forms to be completed by persons who know you well enough to answer the questions on the form but who aren’t related to you. Please see our FAQ document on our website for guidelines on procuring references. At least two of these reference forms should be completed by science and/or laboratory instructors. The other reference form may be completed by a supervisor, manager, employer or co-worker; this may be for paid or volunteer work. **Deductions are taken for references received that do not meet these criteria.**

Please clearly print your name and the name of the reference on the form prior to giving it to the person you select. Please note that you must sign each form authorizing release of the information by the person you select to complete the form.

If you wish to waive your right of access to the information furnished by the reference source, please sign and date the waiver clause on each reference form. Many references will require that you do this.

Please furnish each reference the form with a stamped envelope addressed to:

University of Cincinnati / Medical Laboratory Science Program  
PO Box 670394  
Cincinnati, OH 45267-0394  
Attention: MLS On-Campus Clinical Admissions

Ask that the form be completed and mailed as soon as possible. Allow adequate time for references to complete the form. It is customary to contact your reference at least one month in advance, and you may want to send a courtesy reminder one week in advance if you have not received notice from them that they have submitted their reference.

Transcripts – are sent to different locations depending on whether or not your transcripts are from the US. Please read the information below carefully:

Official copies of transcripts are required from ALL colleges/universities outside of the University of Cincinnati that you have ATTENDED. An evaluation of all transcripts is required. Please send official transcripts which include courses from your most recently completed term. We prefer that transcripts show any courses you are enrolled in for the Fall semester. We request you to send transcripts so that UC receives them by the application deadline, and ideally earlier, to allow processing time for a course-by-course credit evaluation. **

For UC students, we will access your official record of UC courses. This record includes any courses taken at other colleges/universities IF you sent them to UC as official transcripts. If you are unsure whether UC received transcripts of external courses, check your Credit Evaluation Report (in One Stop / Personal Information), which shows all external courses that you’ve sent to UC. If a course(s) is not listed, you will need to request an official transcript from the school(s) attended. **

Send Official Transcripts from US institutions to:

University of Cincinnati  
Office of Admissions  
PO Box 210091  
Cincinnati, OH 45221-0091

All non-US university transcripts require an accompanying course-by-course evaluation by a member of the National Association of Credit Evaluators (naces.org), such as World Education Services (wes.org). The evaluation must include the number of credit hours taken and a cumulative GPA. Have the evaluator send both the original official transcripts and the course-by-course evaluation to:

University of Cincinnati / Medical Laboratory Science Program  
PO Box 670394  
Cincinnati, OH 45267-0394  
Attention: MLS On-Campus Clinical Admissions

Please detach instruction pages before submitting your application.
** Grades for the Fall Semester in Which You Are Applying –** If you are a non-UC student taking courses in the Fall semester when you apply, you will need to send an unofficial grade report as soon as those grades post.

As soon as grades post for the Fall semester of application, **non-UC students must send an unofficial copy of their grades including current cumulative/overall GPA statistics.** This applies to UC students ONLY if they took courses at another institution during the Fall semester of application since the program can access students’ UC fall grades.

We accept unofficial Fall semester grades to expedite course evaluation and to save applicants the cost of sending additional transcripts. Grades can be obtained from the student’s online grade report. If students are accepted into clinicals, we require complete official transcripts to verify any grades sent unofficially.

** Email Fall grade report to woodsm2@ucmail.uc.edu or FAX to 513-558-7428 **

Return completed application with forms for Statement of General Health and Essential Functions to:

- University of Cincinnati / Medical Laboratory Science Program
  PO Box 670394
  Cincinnati, OH 45267-0394
  Attention: MLS On-Campus Clinical Admissions

  On-campus students may submit their application to the MLS program office in French East 321.

  • Transcripts from US institutions will be sent to UC Admissions (please read Transcript directions above)
  • International transcripts from non-US institutions will be sent to the MLS program (please read Transcript directions above)

** Nondiscrimination Policy **
The University of Cincinnati does not discriminate on the basis of disability, race, color, religion, national origin, ancestry, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status or gender identity and expression in its programs and activities. The complete Notice of Nondiscrimination can be found at http://www.uc.edu/about/policies/non-discrimination.html.

** Accreditation **
UC's Medical Laboratory Science program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N River Rd., Suite 720, Rosemont, IL 60018 | (773) 714-7880 | (773) 714-7886 (FAX)
Please read thoroughly the enclosed Application Instructions before completing this form. Please print or type clearly.

NAME

Last
First
Middle

SOCIAL SECURITY NUMBER______-____-____ DATE OF BIRTH____/____/____

E-MAIL ADDRESS please print clearly: __________________________________________________________

MAILING ADDRESS

Address

City State Zip Code

Telephone Number, including area code

HOME ADDRESS
(if different than mailing address)

Street

City State Zip Code

Telephone Number, including area code

EMERGENCY: In case of emergency, please notify:

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<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
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EDUCATION

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<th>Name of Institution/College</th>
<th>City &amp; State</th>
<th>Years Attended</th>
<th>Major/Degree</th>
<th>Graduation Date</th>
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EMPLOYMENT, MILITARY SERVICE, AND/OR VOLUNTEER EXPERIENCES (include current position)

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<th>Agency/Employer (Please use back of form if necessary)</th>
<th>Mailing Address (include street, city, state, and zip)</th>
<th>Phone #</th>
<th>Description of Related Duties</th>
<th>Hrs/Wk</th>
<th>Dates</th>
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Please list honors, scholarships awarded, and extra-curricular or other relevant activities in which you participated during high school or college.

Please submit a brief statement that describes your interest in the profession of Medical Laboratory Science and your projected goals.

Please list any courses you have repeated. For the math/science GPA calculation, we will take the higher of two grades IF the courses taken are identical, whether or not they were taken for official Grade Replacement.

Are there any circumstances pertinent to the application that you would like to explain? (You may use additional paper if needed.)

What date are you able to start the program? _________________________________________

Are you interested in attending (check all that apply): ___ Full Time ___ Part Time or ___ Co-op

The above information is correct and without purposeful omissions.

__________________________________________________ _____________________
Signature of Applicant                                                                        Date
To the Applicant:

It is necessary that we request a statement of your general health and maintain it in our records. Please print your name in the appropriate space on the form below and submit it to your physician for signature. Return the form along with your application materials or your physician may also mail it to the address below.

Note: This is not a request for a physical, only a statement concerning your general health. However, depending on how recently you have seen your physician, s/he may require a physical prior to signing this form. Allow adequate time to determine what your physician will require to sign this form.

University of Cincinnati

Medical Laboratory Science Program

Applicant Name (please print)

I hereby authorize the individual named below to provide the requested information.

Applicant Signature

To the best of my knowledge, the above named individual is in good health and should be able to carry out the activities of a Medical Laboratory Science student in the clinical laboratory.

Physician (please print)

Physician Signature

Date

Return to Applicant or mail to:

University of Cincinnati
Medical Laboratory Science Program – On Campus Application
PO Box 670394
Cincinnati, OH 45267-0394
Essential functions and technical standards represent the essential non-academic requirements that students must master to successfully participate in and complete the program. The following is a list of technical abilities and skills that students must possess:

1. **Manual Dexterity**: Ability to use hand(s) or prosthetic devices with coordination in order to carry out all aspects of laboratory testing procedures.

2. **Fine Motor Skills**: Ability to manipulate small objects with fingertips or adaptive devices.

3. **Mobility**: Ability to maneuver in the laboratory and around instruments and in patient-care settings.

4. **Vision**: Ability to distinguish red, yellow and blue colors; distinguish clear from cloudy; and distinguish objects through a microscope.

5. **Hearing**: Ability to adapt with assistive devices (i.e., phone receivers, hearing aid, etc.).

6. **Communication**: Demonstrate verbal and oral proficiency in the English language, including the ability to read, write, and speak English fluently.

7. **Communication Skills**: Demonstrate the ability to communicate effectively and professionally with faculty, classmates, physicians, and other health care personnel.

I attest that I have read and understand the technical standards and Essential Functions of the University of Cincinnati Medical Laboratory Science Program. I believe that I can, and am prepared to, meet these requirements.

Signed: _____________________________________

Date: _______________________________________
University of Cincinnati
On Campus Medical Laboratory Science Program

REFERENCE FORM (1)

To the Applicant:
Place your name in the space provided and sign the waiver if you agree to waive your right to read this appraisal. Give or mail it to the person named below and request that it be forwarded to the address given on the back of this form.

Applicant Name: ____________________________________________
Evaluator Name: ___________________________________________ Phone: ______________________

I hereby authorize the above named individual to provide the requested information.

Applicant Signature: ___________________________ Date: ________________

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided unless he/she waives such access.

To the Evaluator:

On the basis of the following personal qualities, please indicate your appraisal of the applicant on a scale of 1 to 5, as follows:

5 – Excellent     4 - Above Average     3 - Average     2 - Below Average     1 - Unsatisfactory

If you are unable to evaluate any trait, please so indicate by placing an “X” in the last column.

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<th>Judgment and Problem-Solving (responsible, critical)</th>
<th>Manual Dexterity (agile, coordinated)</th>
<th>Personality (pleasant)</th>
<th>Poise (self-confident, responds well to unfamiliar demands)</th>
<th>Communication Skills (articulate, clear, grammatical, responsive)</th>
<th>Initiative (motivation, commitment, desire to succeed)</th>
<th>Adherence to Established Policies &amp; Regulations</th>
<th>Flexibility (responds or conforms to changes or new situations)</th>
<th>Dependability (responsible)</th>
<th>Industry (diligent, prompt, persistent, organized)</th>
<th>Interpersonal Relation Skills (courteous, cooperative, tactful, able to motivate, persuasive)</th>
<th>Maturity (stability, self-disciplined, receptive to criticism)</th>
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I HEREBY WAIVE MY RIGHT OF ACCESS TO THE INFORMATION RECORDED ON THIS FORM.

Signature of Applicant ___________________________ Date ____________________
University of Cincinnati  
On Campus Medical Laboratory Science Program

How long and in what capacity have you known the applicant?

Please write any additional comments or information that might assist us in our evaluation of this applicant.

_________________________________________________________________  _________________
Signature            Title

_________________________________________________________________  _________________
Institution or Address          Date

Do not return this form to the applicant. Please mail directly to:

University of Cincinnati  
Medical Laboratory Science Program
PO Box 670394  
Cincinnati, OH 45267-0394
University of Cincinnati
On Campus Medical Laboratory Science Program

REFERENCE FORM (2)

To the Applicant:
Place your name in the space provided and sign the waiver if you agree to waive your right to read this appraisal. Give or mail it to the person named below and request that it be forwarded to the address given on the back of this form.

Applicant Name: _________________________________
Evaluator Name: _______________________________ Phone: __________________

I hereby authorize the above named individual to provide the requested information.

Applicant Signature: _____________________________ Date: ________________

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided unless he/she waives such access.

I HEREBY WAIVE MY RIGHT OF ACCESS TO THE INFORMATION RECORDED ON THIS FORM.

Signature of Applicant ___________________________ Date ______________

To the Evaluator:

On the basis of the following personal qualities, please indicate your appraisal of the applicant on a scale of 1 to 5, as follows:

5 – Excellent      4 - Above Average      3 - Average      2 - Below Average      1 - Unsatisfactory

If you are unable to evaluate any trait, please so indicate by placing an “X” in the last column.

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<td>Judgment and Problem-Solving (responsible, critical)</td>
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<td>Manual Dexterity (agile, coordinated)</td>
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<td>Personality (pleasant)</td>
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<td>Poise (self-confident, responds well to unfamiliar demands)</td>
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<td>Initiative (motivation, commitment, desire to succeed)</td>
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<td>Maturity (stability, self-disciplined, receptive to criticism)</td>
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How long and in what capacity have you known the applicant?

Please write any additional comments or information that might assist us in our evaluation of this applicant.

_________________________________________________________________  _________________
Signature            Title

_________________________________________________________________  _________________
Institution or Address          Date

Do not return this form to the applicant. Please mail directly to:

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Medical Laboratory Science Program
PO Box 670394
Cincinnati, OH 45267-0394
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If you are unable to evaluate any trait, please so indicate by placing an “X” in the last column.

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Page 1 of 2
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Do not return this form to the applicant. Please mail directly to:

University of Cincinnati
Medical Laboratory Science Program
PO Box 670394
Cincinnati, OH 45267-0394