# Medical Laboratory Technology
## MLT Program

**Application deadline for:**
- **Fall Semester - April 15**
- **Spring Semester – Nov 15**

**Information session date**

**Health Sciences Division**
6420 S.E. 15th Street
Midwest City, OK 73110

Check one
- one year option ____
- two year option ____

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<tr>
<th>Name</th>
<th>Telephone (___)</th>
<th>Cell Phone (___)</th>
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<td>Last</td>
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**Student Identification #**

**Email address**

<table>
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<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Permanent Address**

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**Employer**

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<th>Address: Number &amp; Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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*Official communication will be sent via e-mail to the Rose State College issued student e-mail account. The College will expect that those communications are received and read in a timely manner. Notification of program acceptance will be emailed to student RSC accounts.*

**How did you learn of the Medical Laboratory Technology Program at Rose State College?**

*Updated 8-2015*
EDUCATIONAL INFORMATION

Last High School Attended                      City, State                           Year Graduated or GED

Have you participated in the ACT____(Yes)_____ (No); If so, year____________

List all colleges or universities attended since leaving high school. Please have all official college transcripts forwarded as soon as possible to Rose State College with a transcript evaluation request; and attach a copy of all transcripts with this application.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City/State</th>
<th>Attendance/Dates Month/Year</th>
<th>Hours Earned/Degree</th>
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NOTICE

Drug Testing: Prior to beginning a Health Sciences division program, students who have been conditionally accepted to the program will be required to complete a NIDA (National Institute of Drug Abuse) Panel 10 drug test. This drug testing is required by Clinical education sites. A positive drug test result may prevent a student from completing the program Clinical courses, and prevent admission to a program. The student will be responsible for the cost and completion of the drug test through a specified drug-testing laboratory. Cost of the test will be approximately $20.00. A letter will be mailed to conditionally accepted program students with information on the designated drug testing laboratory and the testing deadline. Drug testing results will be maintained at the college in strict confidentiality, in a secure location.

Expanded Background Check: A Criminal Background and Sexual Offender check is required by Clinical education sites. Students are responsible for the cost. Students will be notified of the time frame for the checks to be performed. A past felony conviction may prevent a student from completing the program Medical courses, and prevent admission to the program.

Conditions for Alternate Status: Should there be more applicants than can be accepted to the MLT Program, an alternate list will be used and selection is described in the MLT Advisement.

Academic standards and Essential Functions: I have received the policy for progression and completion of the MLT Program as well as the physical and mental qualifications necessary (listed on the MLT advisement brochure and on the Rose State College website).

Due Date for immunizations and CPR: (listed on the MLT advisement brochure and on the Rose State College website) /no later than one month prior to beginning of hospital rotation.

I affirm that the information which I have provided for this application is complete and accurate. I understand that my application will not be considered until all necessary official transcripts have been submitted both to Rose State College AND a copy with this application and the application procedures completed. Please sign below that you have read and understand the Alternate status Policy, Essential Functions (physical and mental qualifications), and Maximum time to complete the MLT Program.

________________________________________________________________________
(Printed Name)                       (Date)

(Signature)

Office Use Only

Rose State/MLT app:_____
Transcript:___________
Immunization:_________
Math proficiency:_____
Reading proficiency:_____
Degree audit:_________
Date Submitted:_______
Score:_________________

Updated 8-2015