

Medical Laboratory Technology Application

Distance Locations

Applicant Information (please type or print clearly)

Indicate your preferred location. If you would be willing to spend the entirety of the program at another location, note your first and second choice. By selecting a campus, you are stating that you are available to spend the entirety of the program at that location.

_____	_____
First Choice	Second Choice (optional)
First Name _____	Last Name _____
Former Name(s) _____	Date of Birth _____
WVC Student ID _____	Email _____
Mailing Address _____	
Number & Street (Include Apartment Number) or PO Box	
City	State
Zip	
Telephone _____	_____
Day	Evening

General Requirements & First-Year Coursework

Please review the general requirements below and ensure you can check off each requirement:

- Cumulative GPA of 2.5 or higher
- Complete one of the following:
 - MATH 99 Intermediate Algebra (or higher)
 - Placement into MATH& 107 (or higher)
- Complete all First-Year coursework with a C (2.0) or higher by the start of the program
- Submit three recommendations
- Attend an Allied Health Information Session
- You must be 18 at the start of the program

Please fill in the First-Year Coursework chart below:

First-Year Coursework (46 credits)	College (WVC)	Dept & Course # (ENGL 101)	Quarter & Year (Winter 2017)	Grade (B+)	Credits (5)
CHEM& 121 Intro to Chemistry with lab ¹					
CHEM& 131 Intro to Organic/Biochemistry with lab ¹					
BIOL& 241 Human Anatomy & Physiology 1 with lab					
BIOL& 242 Human Anatomy & Physiology 2 with lab					
BIOL& 260 Microbiology with lab ¹					
ENGL& 101 Composition: General					

Continued

First-Year Coursework Continued (46 credits)	College (WVC)	Dept & Course # (ENGL 101)	Quarter & Year (Winter 2017)	Grade (B+)	Credits (5)
PSYC& 100 General Psychology (Students with a bachelor's degree can substitute any college-level Social Science course)					
One of the following: <ul style="list-style-type: none"> • CMST& 101 Intro to Communication • CMST& 210 Interpersonal Communication • CMST& 220 Public Speaking (Students with a bachelor's degree can substitute any college-level Humanities course)					
HLTH 123 Medical Terminology (or competency exam)					
HCA 113 HIV/AIDS					
MLT 100 Intro to Medical Laboratory Technology					
MLT 102 Intermediate Seminar					

¹ At least one Chemistry courses and the Microbiology course must have been completed within seven years from time of application.

If one or more requirement will not be met, please explain below.

Academic History

List all colleges and universities where you have earned credit, including WVC. List the most recent first.

Name of School (example: Wenatchee Valley College)	Dates Attended (example: 9/2011-12/2013)
Name of School	Dates Attended
Name of School	Dates Attended

Winter Schedule

If you took winter classes, list all of your classes below.

Name of School (example: Wenatchee Valley College)	Department and Course Number (example: ENGL& 101)
Name of School	Department and Course Number
Name of School	Department and Course Number

Spring Schedule

If you are currently taking spring classes, list all of your classes below and attach a copy of your spring schedule.

Name of School (example: Wenatchee Valley College)	Department and Course Number (example: ENGL& 101)
Name of School	Department and Course Number
Name of School	Department and Course Number

Educational Advantages

List all educational advantages (including workshops, seminars, enrollment in another allied health program, and membership in professional organizations).

Additional Information

Based on your current knowledge of the MLT program, can you perform the essential functions of the training program (read about the [Essential Functions](#) online)?

- Yes
- No

Questions

Please write your answers below.

1. Briefly discuss your area of special interest in laboratory medicine and your ultimate professional goals.

2. Add information not otherwise included which you feel is pertinent to your application.

Employment History

Employer	_____	Job Title	_____
Dates Employed	_____	Hours/Week	_____
Mailing Address	_____		
	Number & Street		
	_____	_____	_____
	City	State	Zip
Supervisor	_____	Telephone	_____
Reason for Leaving	_____		

Employer	_____	Job Title	_____
Dates Employed	_____	Hours/Week	_____
Mailing Address	_____		
	Number & Street		
	_____	_____	_____
	City	State	Zip
Supervisor	_____	Telephone	_____
Reason for Leaving	_____		

Employer	_____	Job Title	_____
Dates Employed	_____	Hours/Week	_____
Mailing Address	_____		
	Number & Street		
	_____	_____	_____
	City	State	Zip
Supervisor	_____	Telephone	_____
Reason for Leaving	_____		

Please Initial

If you are unable to initial any of the below items, please explain in the space provided.

- _____ I have met all of the general requirements.
- _____ I am on track to complete all First-Year coursework with a C (2.0) or higher by the first day of the program.
- _____ I have attached copies of all required sealed, official college transcripts (excluding WVC).
- _____ If needed, I have attached an unofficial transcript showing winter grades.
- _____ If needed, I have attached a copy of my spring schedule.
- _____ I have attached three recommendations.

Certificate of Accuracy

By signing below, you certify that the information you have provided is accurate and that you have read and understood all information included in this application.

Signature _____ Date _____

You must sign by hand (a typed signature is not sufficient)

Printed Name _____

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and state laws and regulations, or participation in the complaint process. The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses: To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu. To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.

**Wenatchee Valley College
Office of Admissions & Registration
1300 Fifth Street, Wenatchee, WA 98801
509.682.6806**

Permission to Release Educational Records




Wenatchee Valley College, in compliance with the Family Educational Rights and Privacy Act of 1974, has designated the following items as **DIRECTORY INFORMATION**: Student name, major field of study, dates of attendance, degree(s) earned, participation in officially recognized extracurricular activities, height/weight of athletic team members, awards received, and most previous educational agency or institution attended.

WVC may disclose any of the above listed items without the student's prior consent, unless the Office of Admissions and Registration is notified in writing to the contrary.

All other student educational records are considered confidential and will not be released, with certain exceptions, without the student's written permission.

Therefore, if there is certain non-directory information you wished released to a third party who is not normally entitled to this information, you must complete and sign this form. Return the form to the Admissions and Registration office in Wenatchi Hall, first floor.

Authorization to Release Non-Directory Information

 SID#	 Student Name (please print)	 Date
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Information to be released:

Any and all documents that are required for placement into a clinical facility for the MLT program, such as but not limited to the MLT application, official transcripts, future schedule, confidential recommendation forms, and certificates.

Person(s) or organization that may request this information:

Any and all clinical facilities that are involved in clinical placement of MLT program applicants.

I authorize Wenatchee Valley College to release the non-directory information indicated above to the person(s) or organizations I have listed. This authorization will stay in effect unless I contact the WVC Admissions office in writing to indicate otherwise.


Student Signature