



## **School of Clinical Laboratory Sciences Medical Laboratory Science Program**

The School for Clinical Laboratory Sciences welcomes applications from all qualified individuals who wish to pursue a career in Medical Laboratory Science. Admission to the program is competitive and meeting the minimum requirements does not guarantee an applicant a place in the program; it places an applicant in the selection process. Qualified applicants are ranked according to cumulative GPA, science GPA, three references on CCHS forms, and on-site structured interview. To be considered in the selection process, qualified applicants will be required to pass a manual dexterity test and indicate the ability to meet the program's essential functions. The highest ranking applicants are offered a position in the program. Send the completed application, application fee, sealed official college transcripts and the 3 references in sealed envelopes in one packet if possible to expedite the application process.

Send completed application packet to:

Carolinan College of Health Sciences  
Attn: Admissions  
1200 Blythe Blvd  
Charlotte NC 28203

The August class application deadline is the last Friday of November (November 25, 2011 for the August 2012 class). January class application deadline is the second Friday in June (June 10, 2011 for the January 2012 class). First preference will be given to applications received by the appropriate deadline. Applications received after the deadline will be considered on a space available basis. Qualified applicants not admitted to the program will be placed on an alternate list and will be considered for the next class.

Please see the application checklist to insure you have completed all items needed for admission. The faculty and staff are excited about your interest in our college and in the Medical Laboratory Science Program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

*Rhoda Rillorta*

Rhoda Rillorta  
Admissions Officer  
704-355-3243

*Nicki Sabourin*

Nicki Sabourin  
Admissions Representative  
704-355-5583

*Diana Bell*

Diana Bell  
Admissions Assistant  
704-355-8383

**Carolinas College of Health Sciences  
School of Clinical Laboratory Science  
Medical Laboratory Science Program**

**Admission Requirements**

Minimum admission requirements for the program must be submitted before application can be considered. If the application packet is incomplete, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable \$50 application fee
2. Submit official college transcripts from all post-secondary institutions (for foreign transcripts see International student below). A minimum 2.5 cumulative college GPA is required. Lower GPA's may be considered at the discretion of the Program Director.

Bachelor's degree and all prerequisites must be completed by the beginning of the program.

Prerequisites: Baccalaureate degree (preferably in biology or chemistry) with a minimum 16 semester hours in biology including microbiology with lab and immunology, 12 semester hours in chemistry including organic chemistry or biochemistry, and a course in statistics.

**Note:** Courses in immunology, microbiology, organic or biochemistry must be updated if not completed within the last five years.

3. Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resides in the United States.

**International Students**

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applications with foreign transcripts are required to present an official transcript evaluation from one of the agencies listed below which would include all the courses attempted, credit, and grades earned and verify the U.S. baccalaureate degree equivalency. Additional approved agencies maybe found at [www.ASCP.org](http://www.ASCP.org).

**Contact Information:**

International Education Evaluations, Inc.  
7900 Matthews-Mint Hill Road  
Suite 300  
Charlotte NC 28227  
704-772-0109

World Education Services, Inc.  
PO Box 745 Old Chelsea Station  
New York NY 10013-0745  
212-966-6311

Applicants with a foreign baccalaureate degree must take at least 12 semester hours at an accredited U.S. baccalaureate academic institution. The Dean of Student Services and the Program Director will determine specific courses. All three references must be from an instructor, advisor or employer in the United States.

Applicants who attended high school or college outside of the United States must take the TOEFL and achieve a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based).

Contact Information: TOEFL – [www.toefl.org](http://www.toefl.org) (school code 5130)

**Carolinas College of Health Sciences  
School of Clinical Laboratory Science  
Medical Laboratory Science Program**

**Application Check Sheet**

Use the checklist below and ensure all required documentation is submitted for a complete application.

**Fall 2012 Admission**

All items postmarked **by November 25, 2011** will be given first consideration.

- \_\_\_\_\_ Application and \$50 non-refundable fee
  
- \_\_\_\_\_ Official college transcripts from all post-secondary institutions attended.  
Must have an overall GPA of a 2.5 or greater.
  
- \_\_\_\_\_ Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.

**Spring 2012 Admission**

All items postmarked **by June 10, 2011** will be given first consideration.

- \_\_\_\_\_ Application and \$50 non-refundable fee
  
- \_\_\_\_\_ Official college transcripts from all post-secondary institutions attended  
Must have an overall GPA of a 2.5 or greater.
  
- \_\_\_\_\_ Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.

For office use only:  
Date paid \_\_\_\_\_ Form of payment \_\_\_\_\_  
Application complete \_\_\_\_\_ (yes) \_\_\_\_\_ (no)  
If no, date of completion \_\_\_\_\_  
Received by \_\_\_\_\_



**Carolinus College of Health Sciences  
School of Clinical Laboratory Science  
Medical Laboratory Science Program**

**Fall 2012**

*Complete Application needs to be postmarked by November 25, 2011*

**Spring 2012**

*Complete Application needs to be postmarked by June 10, 2011*

**Student Profile: Please print or type**

**Full Name** \_\_\_\_\_  
*Last First Middle*

**Social Security #** \_\_\_\_\_ **Former Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
*Street or PO Box*  
\_\_\_\_\_  
*City State Zip Code County*

**Home Address** \_\_\_\_\_  
*\*if different from your mailing address*  
\_\_\_\_\_  
*City State Zip Code County*

**Email Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Citizenship** *International students who do not have permanent resident status will not be considered for admission*

U. S. Citizen

Permanent Resident Alien \_\_\_\_\_ / \_\_\_\_\_ **Citizenship Country** \_\_\_\_\_  
*Receipt # Date of Issue*

The above information is used for correspondence with you. Please contact our office to let us know of any changes.

**Academic Information:**

**Have you ever attended a health care program at another institution?**

- Yes:** \_\_\_\_\_ **Date of Attendance** \_\_\_\_\_  
*Institution attended*
- No**

*Please list your **all colleges and universities** where you attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary*

| College | City/State or Country | Dates of Attendance | Currently attending (please circle) | Did you/will you Graduate? | Degree (i.e.) AA, BS, MA |
|---------|-----------------------|---------------------|-------------------------------------|----------------------------|--------------------------|
|         |                       |                     | Yes                                 | Yes                        | Degree                   |
|         |                       |                     | No                                  | No                         |                          |
|         |                       |                     | Yes                                 | Yes                        | Degree                   |
|         |                       |                     | No                                  | No                         |                          |
|         |                       |                     | Yes                                 | Yes                        | Degree                   |
|         |                       |                     | No                                  | No                         |                          |
|         |                       |                     | Yes                                 | Yes                        | Degree                   |
|         |                       |                     | No                                  | No                         |                          |
|         |                       |                     | Yes                                 | Yes                        | Degree                   |
|         |                       |                     | No                                  | No                         |                          |

**Have you applied to or attended CCHS previously?**  Yes  No

**If Yes:** \_\_\_\_\_ **and/or** \_\_\_\_\_  
 Program Year application submitted

**Demographic/ Background Data:** *Disclosure of this information is voluntary and used for data reporting only*

**Ethnicity:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native            | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Hispanic          |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Unknown           |

**Gender:**

- Male  Female

## Community Standards

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A “yes” answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

1.  **Yes**  **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?
2.  **Yes**  **No** Applicants are required to submit a criminal background release form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc...  
*You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.*
3.  **Yes**  **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?
4.  **Yes**  **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

### Read, Sign and Date the following statement

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

*We cannot accept your application without your signature.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Cardholder Name (if different):** \_\_\_\_\_

**Type of Card (circle one):** Discover      Visa      MasterCard      American Express

**Card Number:**    \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

**Expiration date:** \_\_\_\_\_      **Transaction Amount:** \_\_\_\_\_

**Transaction Type:** \*Application Fee