**DALLAS COLLEGE - EL CENTRO CAMPUS**

**MEDICAL LABORATORY TECHNOLOGY PROGRAM APPLICATION**

**PLEASE PRINT:**

**DALLAS COLLEGE STUDENT ID NO.**

**NAME**

**Last First MI Maiden/Other**

**ADDRESS**

**Number and Street Apartment Number**

**City State Zip Code**

**PHONE**  **Home Cell/Other**

**EMAIL**

**HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?** \_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_ **No**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. (Current official transcripts must be on file in Registrar’s Office. Transcripts from Dallas College campuses are not required.)**

**I certify that the information given on this application is complete and accurate.**

**Applicant’s Signature Date**

***Educational opportunities are offered by Dallas College without regard to race, color,***

***age, national origin, religion, sex, disability or sexual orientation.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

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\_\_\_\_ I have read and understand the admission process for the Medical Laboratory Technology program and acknowledge that it is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, required HESI A2 test sections, and/or submission of complete application packet materials does not guarantee acceptance to the Medical Laboratory Technology program.

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\_\_\_\_ I understand that I must submit all of my current official transcripts (other than Dallas College transcripts) to [studenttranscripts@dallascollege.edu](mailto:studenttranscripts@dallascollege.edu) or at the Registrar/Admissions Office at one of the Dallas College campuses prior to applying to a health sciences program and that failure to do so will void my application to the program.

\_\_\_\_ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and Healthcare Provider level CPR certification to SurScan and receive notification from them that I am compliant with these requirements no later than the application filing deadline for the program. I further understand that if I am not compliant by that deadline, my application to the program will be disqualified.

\_\_\_\_ I accept full responsibility for submitting **a complete Medical Laboratory Technology application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Health Occupations Admissions Office at the El Centro campus of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_ I acknowledge that if admitted to the Medical Laboratory Technology program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/**. I also acknowledge that I am required to have my own personal health care insurance coverage and submit documented proof either to SurScan with my immunization records, or, if I am accepted to the program, prior to registration for the first day of class for the program in mid-May.**

\_\_\_\_ I am aware that if I am accepted to the program, I will be required to undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation and that the results of these screenings become the property of the School of Health Science and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Medical Laboratory Technology program.

\_\_\_\_ I understand that clinical opportunities in the Medical Laboratory Technology program may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult the Multi-Cultural Center at the El Centro campus prior to graduation from the program to inquire about obtaining a Social Security number for future employment opportunities.

\_\_\_\_ I understand that once admitted to the Medical Laboratory Technology program, if there are limited clinical rotations that placement into available clinical sites will be made based upon GPA ranking of the Medical Laboratory Technology courses.

Applicant’s Signature Date