

McLeod Health School of Medical Laboratory Science Program Application

Deadline

• The application is due by March 1st of each year for the upcoming August program start date.

Please read this information and follow the instructions carefully.

- Points will be deducted from the rating score for failure to follow instructions.
- Incomplete applications will not be considered for admission.
- Applications without paid application fee (\$50.00 nonrefundable) will not be considered for admission.
- Transcripts must be sent electronically. If your academic institution cannot send electronic transcripts, please have them mailed to:

McLeod Health School of Medical Laboratory Science

Attn: April B. Orange, MLS Program/Lab

PO Box 100551

Florence, SC 29502-0551

The minimum overall Grade Point Average (GPA) for admission is 2.5 and 2.6 Science GPA at the time of application.

The following forms must be completed, saved as separate documents, and emailed to aorange@mcleodhealth.org. Please email the completed Essential Functions of Student (PDF), MLS application (PDF), and GPA calculator in one email. The Reference forms should be emailed directly to the Program Director from the individual filling out the form, these can be sent as three separate emails:

Essential Functions of Student (PDF)

McLeod Health School of Medical Laboratory Science Application (PDF)

Reference Forms (PDF)

GPA Calculator (Excel) (separate document)



Applications received after March 1st will be considered for the next Program year. If the upcoming August class is not filled, applications received after March 1st will be considered for that class providing the student meets the criterion set forth in the student handbook or program brochure. Students are encouraged to begin the application process in the fall prior to their anticipated August entry into the program. Preference is given to students from the Pee Dee area of South Carolina in accordance with the school's mission. A letter of acceptance or rejection is sent to each candidate by April 1st of each year for candidates who completed the entire application process by the March 1st deadline.



MCLEOD HEALTH SCHOOL OF MEDICAL LABORATORY SCIENCE STUDENT SELECTION

3+1 CANDIDATES FROM AFFILIATED COLLEGES

Students working towards a baccalaureate in medical technology must obtain a statement from their university or college registrar verifying that all degree requirements have been completed except the clinical educational year. This statement must be on file prior to beginning the McLeod Program. Coker College and Francis Marion University are the current McLeod School of Medical Technology affiliates.

UPDATING COURSE WORK

Persons who have not taken an organic chemistry or biochemistry course applicable toward that prerequisite within the past seven years or who have not taken a microbiology course applicable toward the prerequisite within the past seven years must update their knowledge in these fields before entering the medical technology program. Updating course work can be done by any of these methods:

- (1) Taking the appropriate refresher course in chemistry and/or microbiology. The courses must be acceptable towards a major in chemistry or biology, respectively, or medical technology. A grade of "C" or better must be achieved in each course.
- (2) College credit may be obtained in chemistry or microbiology by challenge examination. If a grade is given, it must be a least a "C". This arrangement must be made between the individual and the college or university.
- (3) If you have recently been working in the chemical or microbiological laboratory, your experience may exempt you from one or both of the updates of prerequisites. A resume of your relevant work experience may be sent to the Program Director of the School of Medical Technology for evaluation.

INTERNATIONAL STUDENTS, INTERNATIONAL DEGREES, AND ENGLISH AS A SECOND LANGUAGE

Individuals for which English is a second language or who hold a international degree must submit scores from the Test of English as a Foreign Language (TOEFL) exam. All international students who wish to enter the school must provide the Program with documentation that they are legally eligible for employment in the United States and must satisfy at least one of the following criteria:



- (1) Possess a foreign baccalaureate degree in either chemistry, biology or medical technology. Course work must meet the requirements specified in the program's brochure under "admission requirements" and will be subject to review and evaluation by an agency approved by the Program. The transcript evaluation must include courses taken, credit hours per course, and grades obtained in each course. A list of approved agencies is available upon request. Scores from the Test of English as a Foreign Language (TOEFL) exam must be submitted to the Program and will be used as part of the admission criteria. Student must have total TOEFL scores of 79 or higher with a minimum of 17 for each section to be eligible for admissions. Student must provide the Program with SAT, ACT, or GRE scores.
- (2) Admission and satisfactory progress in an affiliated college or university shall also be eligible for acceptance provided they meet the requirements specified in the program's brochure under "admission requirements" as well as those of the affiliated college or university. Scores from the Test of English as a Foreign Language (TOEFL) exam must be submitted to the Program and will be used as part of the admission criteria. Student must have total TOEFL scores of 79 or higher with a minimum of 17 for each section to be eligible for admissions. Student must provide the Program with SAT, ACT, or GRE scores.



MCLEOD HEALTH SCHOOL OF MEDICAL LABORATORY SCIENCE APPLICATION FOR ADMISSION FORM

Instructions:

- 1. Complete **all** areas of the application on the following pages.
- 2. Save this file as MHSMLS application with your full name (first and last) at the end of the file name.
- 3. Send this completed application and other required documents to aorange@mcleodhealth.org.

McLeod Health School of Medical Laboratory Science will not discriminate against any student because of age, sex, race, creed, physical challenges, or national origin. However, certain academic criteria must be met prior to consideration for admission into the McLeod Health School of Medical Laboratory Science. Student selection process involves evaluating the documents submitted and a personal interview with a selected group of individuals. Interviews for candidates that meet the admission requirements will be held on or by the March 1st deadline at 5 pm EST.

Name				
Last	First		MI/Maiden	
Graduation (Month/Year)	Applying as (circle one): 3+1 or 4+1	SSN		
College Major(s):	College Minor(s):			
E-Mail Address				
Home Address				
Street	City	State	Zip	
Home Phone	College/Cell Phone			
College Residence Address				



McLeod Health does not provide free medical care. Will you be covered by some type of health/hospitalization insurance for the program year? _ Proof of insurance is required at the beginning of the program year. **EDUCATION** (Undergraduate Education – List all colleges/universities. Official transcripts from each college or university must be submitted. Institution City/State Degree Dates (From – To) All applicants must submit an official transcript at the time of application. In addition, please list here the courses now in progress and those planned for the remainder of the year. In Progress: Course Name Institution Dates (From -To) Planned: Course Name Institution Dates (From -To)



REFERENCES (Academic (2) and Employment (1) References are Preferred) **Please have listed individuals send** completed reference form directly to the McLeod School of Medical Technology Program Director.

Name	Email Address	Phone Numl	ber Relationship to Applicant
The following informa	ntion is requested if it i	s missing from your Résumé or	CV:
Activities and Honors	s:		
PREVIOUS EMPLOYM Employer	IENT (Post High Schoo	l) City/State	Position Dates:(From – To)
PREVIOUS MEDICAL I	LABORATORY TRAININ	IG (ex. MLT, phlebotomy)	
Name of Program or I	Institution		
Address			
		Date Entered	Date Left/Completed
Reason for Leaving			



CITIZENSHIP Are you a United States citizen? _____ yes _____ no If no, do you have a green card? _____ yes _____ no Non-citizens must list type of Visa, current Visa number & expiration date Note all applicants must be legally eligible to work in the United States. Documentation must be provided for verification. Students without a green card must obtain a "Visa Screen" certificate from the CGFNS International, Inc. (CGFNS) http://www.cgfns.org/services/visascreen/). **HOSPITAL PREFERENCE** Please list in order, from the list of participating McLeod Health facilities, your choice for clinical rotations (You will complete clinical rotations at more than one site during your program year and your preferences will be used to help make the clinical rotation schedule.): McLeod Florence, McLeod Loris, McLeod Seacoast, McLeod Dillion, McLeod Cheraw, McLeod Clarendon First Choice Second Choice Third Choice HOW DID YOU HEAR ABOUT THE MCLEOD SCHOOL OF MEDICAL TECHNOLOGY? (Please check all that apply_ ____ Academic Advisor _____ Program Website ____ NAACLS website ____Graduate of Program _____ Personal Research _____ASCP website Interviews will be scheduled in March. Please provide a list of several dates you are available for a personal interview on the McLeod Regional Medical Center Florence Campus. Students will be notified prior to the date of the scheduled interview. Please keep in mind that the dates you listed will be considered when scheduling

the Personal Interview Day, but



ESSAY: Address your understanding of the Medical Laboratory Science profession and why you want to be a **Medical Laboratory Scientist.**



The facts set forth in my application for admission to the McLeod Health School of Medical Laboratory Science are true and complete. I understand that false statements on this application may be cause for rejection of this application or for dismissal from the Program at any time. I hereby authorize McLeod Health School of Medical Laboratory Science Program to obtain information from my educational background and references as deemed necessary to determine my suitability for the Medical Laboratory Science Program and verify that the information is both accurate and current. I also authorize the release of information concerning my school performance and grades.

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Signature	Date

Email completed application form and call 843.777.2497 to pay application \$50.00 fee.

For Program Use Only:				
Date Email Received:				
Committee Decision:				
Notice to Applicant:				
Accept Reject				