

The University of North Dakota School of Medicine & Health Sciences  
 Department of Medical Laboratory Science (MLS)  
 1301 North Columbia Road, Stop 9037, Grand Forks, ND 58202-9037  
 Fax (701-777-2404)

**APPLICATION TO THE PROFESSIONAL CATEGORICAL PROGRAM/CURRICULUM**

**DIRECTIONS:** Complete this application and return it to the Department of MLS by mailing or faxing it using the information above. An evaluation of your application and recommendation for acceptance or non-acceptance to the categorical program will be completed by the Department of MLS Advancement Selection Committee. You will be notified of your status within 4 weeks of application receipt.

Indicate which categorical program you are interested in:

- Clinical Chemistry/Urinalysis
- Hematology/Hemostasis
- Immunohematology
- Microbiology
- Complete All of the Above
- VA Specific Program

Full Name (no initials) (print) \_\_\_\_\_

Primary telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATION HISTORY**

|               | Name of Institution | Dates: (Yrs) |    | Address: (City/State) |
|---------------|---------------------|--------------|----|-----------------------|
| High School:  |                     |              | to |                       |
| Univ/College: |                     |              | to |                       |
|               | Degree Earned:      |              |    |                       |
| Univ/College: |                     |              | to |                       |
|               | Degree Earned:      |              |    |                       |
| Other:        |                     |              | to |                       |
|               | Degree Earned:      |              |    |                       |

- **GPA (required):**  
 Overall \_\_\_\_\_  
 Science \_\_\_\_\_

- Do you hold licensure as an MLT?
  - Yes (If yes, include proof of licensure with your application)
  - No
- Have you earned a Bachelor's degree?
  - If yes, in what area of study: \_\_\_\_\_
  - No
- Have you earned at least 20 science semester credits?
  - Yes
  - No

**RELATED EMPLOYMENT HISTORY (Since High School)**

| Employer and Address | Type of Employment | Dates |
|----------------------|--------------------|-------|
|                      |                    |       |
|                      |                    |       |
|                      |                    |       |

**CLINICAL PRACTICUM**

At what site are you interested in completing your categorical training:

- Site: \_\_\_\_\_
- Address (street, city, state, zip): \_\_\_\_\_
- Contact Person's Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Is this site aware of your interest:

- Yes
- No

- Does this site have a current affiliation agreement with The University of North Dakota: (An affiliation agreement must be in place before you will be allowed to begin categorical coursework.)
  - Yes
  - No

**HEALTH RECORDS**

For the protection of patients, students and employees, The University of North Dakota requires that all students document the following data PRIOR to beginning the categorical program. Students will not be allowed to begin clinical rotations and/or categorical coursework without providing the following health record information:

- Hepatitis B Vaccination  
*Submit proof of immunity using one of the following three options:*
  - I have attached immunization records showing dates of each of the three vaccinations for Hepatitis B
  - I have attached proof of a Hepatitis B titer indicating immunity
  - I have attached a signed statement indicating my declination to be vaccinated (*note: clinical sites have the right to refuse your entrance if you do not complete this series of vaccinations*)
- MMR Vaccination  
*Submit proof of immunity using one of the following three options:*
  - I have attached immunization records showing dates of two MMR immunizations after 12 months of age
  - I have attached documentation from a physician stating that I have had measles, mumps and rubella

- I have attached proof of an MMR titer indicating immunity
- Tetanus  
*Students are encouraged to have had a tetanus booster within the last 10 year*
  - I have attached proof of my most recent tetanus vaccination
- TB (Tuberculin) Mantoux Testing  
*Select the one statement that applies to you*
  - I have undergone mantoux skin testing for TB through my current employer or another source with the following results (indicate the most recent testing):  
Employer/Source of Testing \_\_\_\_\_  
Mantoux Test #1: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Mantoux Test #2: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
*Provide proof of a negative chest x-ray within the last 12 months if your mantoux test was positive*
  - I have not undergone mantoux testing (*note: clinical sites have the right to refuse your entrance if you do not undergo mantoux testing prior to patient contact*)
- Varicella Immunity  
*Submit proof of immunity using one of the following three options:*
  - I have attached a signed and dated written statement declaring that I have had chicken pox, and at what age
  - I have attached proof that I have received the Varicella vaccine
  - I have attached proof of a Varicella titer indicating immunity
- Health Insurance  
*Students must carry health insurance coverage during completion of the categorical program.*
  - I have attached proof of insurance including the company and policy # of a current policy.

**BACKGROUND CHECK**

The University of North Dakota School of Medicine and Health Sciences requires students to have a recent background check. Students will not be allowed to begin clinical rotations and/or categorical coursework without completing such a background check.

*Satisfy the background check requirement by completing one of the following:*

- I have attached documentation of a recent background check through my current employer. The documentation includes the date of the background check and the company conducting the background check.
- I have provided contact information of a contact that can provide proof of a recent background check:  
Contact Name: \_\_\_\_\_  
Contact Employer: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Date of Background Check: \_\_\_\_\_  
Name of the Background Check Company: \_\_\_\_\_
- I have not undergone a background check.  
If you have not undergone a background check through your current employer, you will have to complete a background check through the University of North Dakota before being accepted into the program. There is a ~\$65.00 fee for this background check. To access the background check, go to this web address: [www.verifiedcredentials.com](http://www.verifiedcredentials.com) Email [chris.triske@med.und.edu](mailto:chris.triske@med.und.edu) for the current code to enter. (You will need a credit card for payment).

Indicate the date you completed this background check: \_\_\_\_\_

**GAINFUL EMPLOYMENT STATEMENT**

I have read and reviewed the UND MLS program outcomes as posted on the UND MLS website at: <http://und.edu/admissions/financial-aid/eligibility/cls-mls/qedt.html>

Yes

No

## **SELF ASSESSMENT**

“Why Medical Laboratory Science?” It is a simple, yet basic question that relates to each student in the MLS categorical program. The following questions are designed to cause you to reflect personally on the MLS profession and assist the Advancement Committee in becoming better acquainted with you.

1. Why do you want to become a medical laboratory scientist?
2. What personal, positive qualities do you have that you feel would be an asset to you in this profession?
3. What reservations, if any, do you have concerning this profession?

**REMINDER: Include a copy (official or unofficial) of transcripts for all previous coursework.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

The UND MLS program is accredited by the National Accrediting Agency for CLS (NAACLS)  
5600 N River Rd Suite 720, Rosemount, IL 60018-5119

### **Equal Opportunity Statement**

It is the policy of the University of North Dakota that no person in the United States shall be discriminated against because of race, religion, age, color, gender, disability, national origin, creed, sexual orientation, gender identity, marital status, veteran’s status, or political belief or affiliation and the equal opportunity and access to facilities shall be available to all. This policy is particularly applicable in the admission of students in all colleges, and in their academic pursuits. It also is applicable in the University-owned or University-approved housing, food services, extracurricular activities and all other student services. It is a guiding policy in the employment of students either by the University or by outsiders through the University and in the employment of faculty and staff. Concerns regarding Title IX, Title VI, Title VII, ADA, and Section 504 may be addressed to Donna Smith, Director of Equal Employment Opportunity/Affirmative Action and Title IX Coordinator at 701-777-4171, [und.affirmativeactionoffice@und.edu](mailto:und.affirmativeactionoffice@und.edu) or the Office for Civil Rights, U.S. Dept. of Education, 500 West Madison, Suite 1475, Chicago, IL 60611 or any other federal agency.

RECOMMENDATION/REFERENCE  
(FROM A PREVIOUS OR CURRENT SUPERVISOR/MANAGER)

You have been asked to provide a recommendation for: \_\_\_\_\_  
Please mail your recommendation to: Chris Triske, University of North Dakota School of Medicine and Health Sciences, Department of Medical Laboratory Science, 1301 North Columbia Road, Stop 9037, Grand Forks, ND 58202-9037.

*The student asking for this recommendation is applying to the University of North Dakota Medical Laboratory Science Categorical Program. Please address all of the items listed below honestly and to the best of your ability, based on your experience(s) with the applicant.*

In what capacity do you know the applicant?

How long have you known the applicant?

Identify applicable strengths of the candidate for this position.

  
  

Identify applicable weaknesses, or areas of potential growth of the candidate for this position.

  
  

Please indicate your degree of recommendation of the applicant and the reasoning for your choice:

- Recommend
- Highly recommend
- Do not recommend
- Undecided

Feel free to add any additional comments below:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date