

**Mississippi Baptist Medical Center
School of Medical Laboratory Science
1225 North State Street
Jackson, MS 39202**

APPLICATION FORM

Name: Last, First, Middle		Preferred Name
Current Address – Street or Box, City, State, Zip		
Permanent Address – Street or Box, City, State, Zip		
Email address	Cell phone #	
Are you eligible to work in the United States?		
List name & phone number of person to be notified in case of emergency:		
Preferred Entrance Date (Year):	Required Tour: What date did you tour MBMC's laboratory facility & discuss your career choice with our instructors?	
Type of Enrollment in the MBMC program:	<input type="checkbox"/> 3+1 (MBMC program will be used to complete degree) <input type="checkbox"/> 4+1 (degree completed prior to MBMC program start)	
GRE Scores:	Please send a copy of the official score report to the Program Director.	
Have you previously been admitted to a Medical Laboratory Technician Program, Medical Laboratory Science Program or Medical School? If yes, when & where? <input type="checkbox"/> No <input type="checkbox"/> Yes		
List names and dates of attendance below for ALL colleges/universities attended. Please send official transcripts directly from these colleges/universities to the Program Director.		
References: List three references, including at least two college science instructors. Provide your references with a "Reference Evaluation Form" and instruct them to return the form directly to the Program Director.		
Reference Name	Position/Title	School/Organization

Essential Functions of Students in the MBMC School of Medical Laboratory Science

The student must be able to master the following essential functions of the Medical Laboratory Scientist. Circle "Yes" if you are able to master the essential function. Circle "No" if you are unable to master the essential function.

Yes	No	Read and write effectively
Yes	No	Communicate verbally and in writing with patients and staff
Yes	No	Demonstrate manual dexterity with good hand-eye coordination & near visual acuity
Yes	No	Hear intercom and instrument alarms
Yes	No	Stand and sit for extended periods of time, and perform repetitive motions
Yes	No	Move freely from one area to another, including lifting up to ten pounds, and reaching over and bending around instruments
Yes	No	See through a microscope and discriminate color reactions of special stains and other laboratory procedures
Yes	No	Concentrate on details with frequent interruptions
Yes	No	Wear personal protective equipment (PPE) & be aware of potential exposure to contagious diseases and chemical irritants

Admission Essay

In 1-2 pages, please give a brief description of the following:

- Past accomplishments (*describe any honors, awards, scholarships, special skills*)
- Previous laboratory training or experience, if any
- Previous work experience (*describe the value of the experience*)
- Personality (*describe yourself & your interests*)
- Goals & long-range objectives (*describe the motivation for your career choice*)
- Timeliness record (*describe how often you are absent from or late for school or work*)

I understand that the aforementioned essential functions are necessary in the practice of clinical laboratory science. I feel that I can meet the essential physical and mental requirements of a Medical Laboratory Scientist, with reasonable accommodation if necessary. I will undergo a physical examination provided by MBMC following admission to the program.

All of the enclosed is true and complete information. I understand that any misstatement or omission of material facts in the application may be cause for dismissal from the program.

I hereby give my consent to allow the admissions committee of Mississippi Baptist Medical Center School of Medical Laboratory Science access to my transcripts, references, and my personal file maintained by the Program Director.

Signature of Applicant

Date

Please return this form promptly to:

Jennifer Knight, Program Director
School of Medical Laboratory Science
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Fax (601) 974-6286
Email: jennifer.knight@bmhcc.org