



A.S. Clinical Laboratory Science

Application & Information Packet

This information packet explains the admissions process, as well as the entrance requirements for the A.S. Clinical Laboratory Science Degree.

Please read this information carefully. Those who complete the degree become eligible to take the National Certification examination such as CLT (NCA) or MLT (ASCP). (Completion of this degree is not contingent upon passing a certification examination).

Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. Applications must be submitted by the March 1st deadline in order to be eligible for review by the Admission Committee.

Monthly information sessions provide program information, the admission process, financial aid information as well as a tour of the Heywood Hospital clinical laboratory.
Please call (978) 630-9284 for more information and dates of information sessions.

Application Deadline

March 1

HOW TO APPLY:

Applicants must submit the following to the Admissions Office:

- A completed college application accompanied by the \$10.00 application fee if not completed.
- High school diploma / high school transcripts or GED certificate. Those students educated outside of the U.S. must provide official documents demonstrating high school equivalency.
- Official transcripts of all college-level courses completed. Transfer credits for education completed outside of the U.S. must be evaluated for equivalency.
- REQUIRED BY ALL APPLICANTS:** All pre-requisite courses must be completed. Course equivalents from other colleges must have been evaluated by the Chairperson of the CLS Department.
- Complete the CLS Application Packet attached.
- Documentation demonstrating that all minimum requirements for consideration have been met, including attendance at an information session and compliance with all pre-clinical requirements.
- Two letters of recommendation are required from those who know your potential for success in this field of study.
- A writing sample in the form of a reflective writing on the laboratory tour component of the mandatory information session.
- Documentation of employment or volunteer service (if any) related to laboratory science.

REQUIREMENTS FOR CONSIDERATION

MWCC Courses or Equivalent

English Proficiency:

Complete ENG 101 & ENG 102.

Math Competency:

MAT 126 or higher with a C+ or greater.

Science Requirement:

- Completion of (BIO 203, BIO 204, BIO 205, CHE 203, PBL 101, CLS 102, CLS 103, CLS 104) with a grade of C+ or higher (completed within the last five years).
- Applicants currently working in a health care field can petition to expand the time to be completed within ten years.
- Educational plan as documented with CLS Department Chairperson indicating that all requirements will be satisfied prior to the start of the clinical year.

Special Program Requirements Prior to Enrollment in any CLS prefix course

1. Health examination conducted within the past two years by a licensed health care provider.
2. Proof of current immunizations (DPT, MMR, Varicella, Hepatitis B series with follow-up TITRE and TB screening) must be provided to the Health Office. Contact the health office, ext. 136 for more information.
3. Liability Insurance of \$1,000,000/\$3,000,000 coverage is required. Students will be covered under the college's liability insurance policy, which will be billed through student fees.
4. Completion of CORI/SORI form every six months.
5. Attendance at a CLS information session.

Technical Standards

Students entering the CLS program must be able to demonstrate the ability to:

1. Comprehend textbook material at a college level.
2. Communicate and assimilate information either in spoken, printed, signed, or computer voice format.
3. Gather, analyze, and draw conclusions from data.
4. Stand for a minimum of two hours.
5. Walk for a minimum of six hours, not necessarily consecutively.
6. Stoop, bend, and twist for a minimum of 30 minutes at a time and be able to repeat this activity at frequent intervals.
7. Differentiate colors as assessed by standard color blindness evaluation.
8. Differentiate by touch, hotness/coldness, wetness/dryness, hardness/softness.
9. Use small muscle dexterity necessary to do such tasks as gloving, gowning, and operating controls on machinery.
10. Respond to spoken words, monitor signals, instrument alarms.
11. Identify behaviors that would endanger a person's life or safety and intervene quickly in a crisis situation with an appropriate solution.
12. Remain calm, rational, decisive, and in control at all times, especially during emergency situations.
13. Exhibit social skills appropriate to professional interactions.
14. Maintain cleanliness and personal grooming consistent with close personal contact.
15. Function without causing harm to self or others if under the influence of prescription or over-the-counter medication.

Students are expected to meet the technical standards for enrollment in college programs. In some cases, assessment and developmental courses may help students meet these standards. Technical standards must be met with or without accommodations. The college complies with the requirements of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. Therefore, the College will make a reasonable accommodation for an applicant with a disability who is otherwise qualified.

Program Competencies

Upon graduation from this program students shall have demonstrated the ability to:

1. Procure laboratory test samples in an efficient, timely, and safe manner.
2. Produce accurate laboratory test results within acceptable limits of quality control.
3. Correlate and interpret laboratory test data.
4. Disseminate laboratory test information to clinicians in a timely manner.
5. Consult with more experienced team members when necessary.
6. Exhibit knowledge of laboratory tests and standards.
7. Exhibit basic knowledge of professional ethics, laws and regulations.
8. Demonstrate continued competency in the field at least annually.
9. Maintain membership in a professional organization.
10. Perform multi-functional tasks.
11. Actively participate in continuing education.

CLS Accreditation

The CLS program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Road, Ste. 720, Rosemont, Illinois 60018, (773)714-8880.

Family Education Rights and Privacy Act of 1974

As in any healthcare environment, students in Health Care Programs may have risks of exposure to infectious diseases. Our Health Care Programs adhere to all state and federal regulations to reduce the risk of health care associated infections. CLS tasks may pose a risk of injury from repetitive motion.

Individuals who disclose the presence of bloodborne infectious diseases will be shown the same consideration as non-infected individuals and will be offered reasonable accommodation. Information regarding health status of an individual is considered confidential, and protected by the Family Education Rights and Privacy Act of 1974.



Mount Wachusett Community College

Office use only:
Date Received _____

A.S. CLS Admission Form

Please Print:

Current Email Address: _____

MWCC Student ID Number (if applicable): _____

Name: _____
Last Name First Name Middle Initial Previous Last Name

Mailing Address: _____
Street & Apt. # City State Country Postal/Zip Code

Telephone Numbers: Home () _____ Work () _____ Cell () _____

Gender (optional): Male Female

Ethnicity/Race: _____ (optional) Date of Birth (optional): ____/____/____

Citizenship (REQUIRED):

I am a U.S. Citizen.

I am a Non-Citizen. Country of Birth _____ Country of Citizenship _____

(check all that apply)

Resident Alien (presentation of card required)

In the USA with a (presentation of current visa required) visitor visa student visa other _____

I wish to obtain a student visa (must submit International Student Application with additional documentation)

Residency Information: (Required by all applicants)

I have lived in Massachusetts continuously since, ____/____/____. If less than (6) months, previous state of residence _____.

I am over the age of 60 and have lived in Massachusetts continuously for (1) year.

I do not reside in Massachusetts, but have a natural parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)

Natural Parent/Legal Resident Information

Name: _____ Parent/Guardian Signature: _____

Address: _____

I am not a resident of Massachusetts, I am a resident of _____

Have you completed courses at MWCC? Yes No

Have you completed courses at other colleges? Yes No

If Yes, please submit a transcript to the Admissions office for review and course equivalencies.

Applicant Signature Date

Parent or Guardian Signature (if applicant is under 18) Date

I certify that the all information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.



Mount Wachusett Community College

Applicant Letter of Recommendation

Heywood Hospital Clinical Laboratory Science

Instructions to the applicant:

Complete items 1-3, sign it, then send it to the recommender with a stamped envelope addressed to the Office of Admissions, MWCC, 444 Green Street, Gardner, MA 01440

1. Name (last, first, middle) – as it appears on the application for admission.

2. Applying for the Clinical Laboratory Science program entering Fall of _____ (2010)

3. I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements:

- € I hereby WAIVE my right of access to this recommendation.
- € I DO NOT WAIVE my right of access to this recommendation.

Applicant's Signature

Date

To the Recommender: The individual named above has applied for admission to the MWCC Clinical Laboratory Science program.

We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of a health care team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications. Please complete the attached evaluation form or write a letter.

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above and matriculates, the student will be permitted to review this reference upon request.

Acquaintance with Applicant

How long and in what context have you known this applicant? _____

Comments – Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional. Use an extra sheet if needed.

Personal and Professional Appraisal

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being superior and one being poor. If you have no basis for evaluation in any category, please check "No Basis."

Characteristics	Superior			Poor						
	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> No Basis				
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Technical laboratory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Ability to work with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Motivation for a career in this field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Works with attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€	€	€	€
Able to multi-task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Integrity (honesty, transparency, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Recommendation

- Strongly Recommend
 Recommend
 Recommend with Reservations
 Do Not Recommend

If "with Reservations", please explain.

Name (type or print) _____ Organization _____

Signature _____ Address _____

Position or Title _____

Email _____ Telephone _____

Mount Wachusett Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.



Application for Entrance

Employment/Volunteer Form

Admissions Office

444 Green Street, Gardner, MA 01440
(978) 630-9284 FAX: (978) 630-9544
Email: admissions@mwcc.mass.edu

MWCC Student ID Number: _____ (if applicable) Social Security Number: _____ (optional)

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Name: _____

HEALTHCARE OR RELATED FIELD EXPERIENCE:

List employment/volunteer with the most recent positions first. Attach additional sheets if necessary.
(Resumes are acceptable.)

Employer/volunteer organization	Job Description	Dates from/to	Supervisor Name & Phone No.

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.

Signature of Applicant: _____ Date: _____