Program Application

Orlando Health Bayfront Hospital
School of Medical Laboratory Science
R-BayfrontLabMLSSchool@OrlandoHealth.com
(727) 893-6604

Application for Admission in: ☐ **MLS Program** ☐ **Categorical Training/Discipline**

Personal Information:

Name_____ DOB_____
(Last) (First) (M. I.)

Mailing Address_____
(Street) (City) (State) (Zip Code)

Phone number where you **can be reached:** _____ (home, work, cell or school (circle one)

E-mail Address:_____

Education:

If you have attended school under another name, write name: _____

Transcripts must be sent by each institution listed below. List the most recent college/university first.

Academic Institution	Address	Dates Attended	Degree/Year	Major

If currently attending school, list its name, current courses or proposed courses, credit hours and expected completion date.

Name of academic institution: _____

Current Courses	Credit Hours: Semester/Quarter	Completion Date

Name of academic institution: _____

Proposed Courses	Credit Hours: Semester/ Quarter	Completion Date

Work Experience (Volunteer, Clinical, Professional):

Type of work or activity	Employer	Address	Dates

Other:

List any extracurricular activities or areas of interest and indicate special awards or responsibilities.

Why have you chosen Clinical Laboratory Science as your field of study? (In 50 words or less)

Please Read Carefully Before Signing

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that misrepresentations or omissions of applicant information whenever discovered may deem me ineligible for admission, or, if accepted, dismissal without prior notice.

I have read and understand the Essential Functions for clinical laboratory scientists and believe that I can meet those functions.

I understand that any sensitivity to latex must be disclosed and, while some latex-free supplies can be provided for use, a latex-free environment is not possible.

I agree to conform to the rules and regulations of Bayfront Hospital and Orlando Health System and not to reveal confidential information concerning the organization, patients or team members. I understand that revealing confidential information, whenever discovered, may deem me ineligible for admission, or, if accepted, dismissal without prior notice.

I understand and acknowledge that a health screen, including a urine drug screen, is required during Orientation Week and that failure to obtain favorable results on the drug screen will result in dismissal from the Medical Laboratory Science Program.

I am aware that the successful completion of a training program does not automatically entitle me to licensure in a clinical laboratory per Florida Department of Health regulations, as such application may be denied due to criminal convictions and non-restoration of civil rights.

_____ _____

(Signature) **(Date)**

It is the policy of the organization that all selection procedures and practices are applied without regard to the applicant's race, religion, color, sex, national origin, age, disability or veteran status.

Application Procedure

1. Complete the application form. Application and transcript deadline is **December 31**. Supporting recommendation documents are due by **January 15**. It is strongly recommended that all supporting documents be submitted as soon as possible. Qualified applicants who submit a completed application form with supporting documents after the specific deadlines have passed may be considered for acceptance dependent upon available positions following admission of alternate candidates.

2. Request that an official transcript from **all** colleges/universities attended be sent directly to this school.

3. Prior to admission, any degree-seeking applicant at an affiliated institution must submit verification from their advisor that all academic requirements for graduation will be met upon completion of our course.

4. An international student applicant whose native language is not English may be asked to show a sufficient knowledge of English as demonstrated by a minimum score of 550 on the Test of English as a Foreign Language (TOEFL).

5. International credentials must be evaluated by a U.S. Credentials Evaluation Service. This evaluation must be submitted with the official transcript, unless this evaluation is already included as part of a U.S. college or university official transcript.

6. Submit at least two professional recommendations (three preferred), ideally from Biology and Chemistry professors or supervisor. If the college/university does not use a standardized recommendation form, have the evaluators use the enclosed **Applicant Recommendation** form. **General letters of recommendation by themselves are not acceptable but can accompany the applicant recommendation form**.

7. Upon receipt of all the information, interviews are offered based upon GPAs, completion or planned completion of required courses and professional recommendations. Notification is sent to the applicant requesting an interview.

8. Once accepted into our program, Orlando Health Bayfront Hospital requires that various medical examination forms be completed. In addition, the hospital will require a health screen, including a urine drug screen during orientation week. Failure to pass this drug screen will result in dismissal from the Program.

Applications and supporting documentation are submitted to:
R-BayfrontLabMLSSchool@OrlandoHealth.com

Questions or requests for further information may be addressed to: **Jocelyn.Hopkins@OrlandoHealth.com**

Application Recommendation
Orlando Health Bayfront Hospital
School of Medical Laboratory Science

Name of Applicant: _____ (please print)
(First) (Last) (M.I.)

The applicant has waived/retained right of access to this letter of recommendation (circle one) _____

Applicant's signature _____ Date _____

Note: Candidates must waive the right of access for the recommendation to be considered for program admission

1. How long have you known the applicant?

   _____ Year(s) _____ Month(s)

2. In what capacity have you been associated with the applicant?

   ____ Instructor (subjects) _____
   ____ Employer
   ____ Advisor
   ____ Friend
   ____ Other (explain) _____

3. How well do you know the applicant?

   ____ Know applicant well
   ____ Know applicant in employment/academic setting
   ____ Know applicant casually
   ____ Know applicant minimally

4. Rate the applicant in the areas below:

Area	Excellent (3)	Above Average (2)	Average (1)	Below Average (0)	Unable To Assess (NA)
Academic knowledge					
Technical skills					
Attendance					
Organization					
Relationship with peers					
Leadership potential					
Follows instructions					
Cooperativeness/Tact					
Initiative					
Integrity					
Reliability					
Oral expression					
Written expression					
Self-					
Positive attitude					
Self-discipline					
Professional conduct					
Personal appearance					
Total Points (54) (For Office Use Only)					

5. What is your overall endorsement of the applicant?

____ Strongly recommended
____ Recommended
____ Recommended with reservation
____ Not recommended

6. Additional comments:

7. Return evaluation to: **R-BayfrontLabMLSSchool@OrlandoHealth.com**
or by postal mail to:
Orlando Health Bayfront Hospital
Laboratory – School of Medical Laboratory Science
701 6th St. South
St. Petersburg, FL 33701-4814

8. Evaluated by:

_____
Printed Name

_____
Signature

_____
Title/Position/ Institution

_____
Date

Selection Process

Once an applicant agrees to an interview, the selection and acceptance process is as follows:

1. Interviews are conducted by a minimum of three members of the Admissions Committee. The Admission Committee consists of the program director of the school, the administrative director(s), clinical instructors, managers and lead medical laboratory scientist.

2. An applicant's folder containing all submitted application material is reviewed in advance. Individual interview sessions are conducted by appointment using standardized interview forms.

3. The interview process includes assessment of the applicant's:

    a. academic records
    b. professional recommendations
    c. clinical and/or work experience
    d. non-academic criteria including aptitude for and knowledge of the profession, and
    e. verbal and nonverbal personal qualities including attitude and maturity as well as interpersonal and communication skills.

4. Members of the Admission Committee review and objectively evaluate applicants for final consideration. The Medical Director reviews recommendations and approves final selections with the Administrative and Program Directors. The following factors are considered in the selection process: grade point average; completion of specified prerequisite courses with a grade of C or better; number of repeated classes; professional recommendations; school interview results; and clinical and/or work experience. Candidates from affiliated academic institutions are considered alongside independent candidates for acceptance.

5. A predetermined number of applicants will be selected for admission into the program. An alternate list of candidates will also be selected. Alternate candidates will be admitted into the program dependent on available positions.

6. Positions are offered via a formal bid process via e-mail on March 1 for the MLS 50-week program, or as determined for categorical training.