

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

APPLICATION FORM

Last Name	First Name	Middle Name	Preferred Name
Current Address – Street or Box		City, State, Zip code	
Permanent Address – Street or Box		City, State, Zip code	
Email address	Home phone #	Work phone #	Cell phone #
Are you eligible to work in the United States?		Birthday (month & day) – <i>optional</i>	
List name & contact information of person to be notified in case of emergency:			
Phone Number	Address – Street or Box	City, State, Zip code	

Preferred Entrance Date (Year):	Required Tour: What date did you tour MBMC's laboratory facility & discuss your career choice with our instructors?
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Have you previously been admitted to a Medical Laboratory Technician Program, Medical Laboratory Science Program or Medical School?

If yes, when & where?

List names and dates of attendance for ALL colleges/universities attended. Please send official transcripts directly from these colleges/universities to the Program Director.

3+1 students	What college/university will award your degree?	
	What is your expected graduation date?	
	What is your degree/major?	
	What is your undergraduate GPA?	
4+1 students	What college/university awarded your degree?	
	When did you graduate?	
	What was your degree/major?	
	What was your undergraduate GPA?	

Graduate Record Exam Scores:	Test date:	
	Verbal:	
	Quantitative:	
	Analytical:	

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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 School of Medical Laboratory Science Program Director.		
Reference #1: Name & Occupation	Address – Street or Box	City, State, Zip code
Reference #2: Name & Occupation	Address – Street or Box	City, State, Zip code
Reference #3: Name & Occupation	Address – Street or Box	City, State, Zip code

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

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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.

I waive the right to examine the evaluation forms submitted by my references. 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 in the office of the Program Director. In addition, I hereby give my consent to allow the Program Director to release performance evaluation information from my student file and offer reference for future employment purposes.

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