

St. Cloud State University (SCSU) Histotechnician Certificate Program Information Sheet and Application Form

1. Contact the HT Program Director via email at lmillis@stcloudstate.edu if you have questions about the program or the application process.
2. Eligible applicants include those who have successfully completed an associate or bachelor's degree from an accredited academic institution prior to admission to the program or will complete the degree no later than the end of the HT clinical rotation. Specific pre-course work is outlined in the Student Policy Manual, a minimum of a C grade (note C- will not be accepted). The minimum acceptable overall college GPA is 2.50; minimum cumulative GPA in program-required math and science courses is 2.50.
3. Apply to St. Cloud State University via the Transfer Student process (online at www.stcloudstate.edu/SCSU4U).
4. Complete this HT Application and email (preferred) or mail to:
HT Program Director
St. Cloud State University
269 Wick Science Building
720 Fourth Avenue S.
lmillis@stcloudstate.edu
320-308-5438
St. Cloud, MN 56301—4498

Decision Notification: only files containing all required materials will be reviewed. Use the check-off list below to ensure that you have submitted all required items. Sign and date in the space provided. All applicants with complete applications will receive a letter stating the decision on their application. Applicants not accepted may reapply for consideration in a future year.

Deadline: rolling admission

Histotechnician Application Check-off List:

- _____ Accepted as transfer student at SCSU and have activated SCSU email
- _____ Provided SCSU student ID to Program Director
- _____ Copy of unofficial transcript from school where prior degree was earned or will be earned
- _____ Completed Program Information sheet
- _____ Signed Essential Functions statement
- _____ Signed Oath of Confidentiality
- _____ Signed Acknowledgment have read application instructions
- _____ Signed Acknowledgement have read student handbook

St. Cloud State University Histotechnician Certificate (HT) Program Application

Name: _____
Last First Middle Former

Home Phone and/or cell phone: _____ Work Phone (optional): _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Birthplace: _____ Where is your legal residence? _____

How did you learn about this program? _____

Non-U.S. Citizens, please complete the following:

Country of citizenship: _____ Last Visa Classification: _____

Arrival Date in U.S.: _____ Permanent Residents: list Alien Card Number (Form 1-151): _____

Name and address of academic institution attended or attending and degree earned or being earned:

Date degree earned or will be earned: _____

NOTIFICATION

Minnesota law requires that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Minnesota Department of Health have a background study conducted by the state. An individual who is disqualified from having direct patient contact as a result of the background study, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in courses delivered in a Minnesota licensed health care facility. Failure to participate in these courses, the majority of the HT program courses, will result in ineligibility to qualify for a in this program.

HISTOTECHNICIAN CERTIFICATE (HT) PROGRAM

PURPOSE:

This program prepares graduates to work as members of the health care team in performing histology laboratory procedures that aid the pathologist in diagnosis of disease.

BEFORE YOU APPLY - PREREQUISITES FOR ADMISSION TO THE PROGRAM:

Students must first be admitted to the University in order to apply for the HT certificate program.

A formal HT program application is required to formally enter the HT program. See separate application.

Students must have completed or will complete a separate degree with appropriate course work as noted in pre-admission checklist below.

Histotechnician Certificate Admission Checklist

SCSU website: [Histotechnician Undergraduate Certificate | St. Cloud State University](#)

| | | |
|--|--------------------------------------|---|
| Date | | |
| Student name | | |
| Degree earned or earning | | |
| School degree earned or earning | | |
| Initials | Date mm/dd/yy | Required Item |
| | Passing grade _____ Date _____ | Chemistry Requirement (<u>Chemistry course(s)</u> required for the program) 1. Must include general chemistry and organic topics a. Chem 210 b. Chem 211 c. Chem 240 or 310/311 Helpful course work, but not required 1. Biochemistry a. Chem 241/480 |
| | Passing grade _____ Date _____ | Math Requirement (a <u>Math course</u> is required for the program) 1. College Algebra or higher a. Math 112 |
| | Passing grade _____ Date _____ | Biology Requirement (Biology course(s)) 1. General Biology a. Biol 151 2. Anatomy and physiology-all body systems studied b. Biol 202 + 204 or Biol 366 + Human Physiology Helpful course work, but not required: 3. Microbiology a. Biol 206 or 362 4. Immunology b. Biol 486 |
| | Date Completed form Submitted: _____ | Background Studies Guide for Students All students are required to have a criminal background study, as well as applicable state caregiver background studies, depending on the location of the clinical site. |

| | | |
|--|--------------------------------|--|
| | | Minnesota law requires that any person who provides services that involve direct contact with patients at a health care facility licensed by the Minnesota Department of Health have a background study. An individual who is disqualified from having direct patient contact as a result of the background study and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in clinical placement and therefore will not be able to successfully complete the Histotechnician Certificate. |
| | Date Reviewed/Signed: _____ | Health Record Form Histotechnician Certificate Health Record or What is required by the Clinical Site. This information will be used to update your health records. |
| | Date Reviewed/Signed: _____ | Histotechnician Certificate Essential Functions Form Review the program essential functions list. Sign, date and submit the statement of understanding |

Admission Requirements

- GPA: 2.5
- Permission of certificate advisor. Admission takes place at the time of placement for clinical experience.
- Placement for clinical rotation requires completion or near completion of an associate's or bachelor's degree, including college level coursework in general biology ([BIOL 151](#)), anatomy and physiology, math, and chemistry.

Notes

Current undergraduate students should contact the certificate advisor at least two semesters prior to graduation to assess preparedness for clinical rotation experience. Prospective students who have already completed a degree should contact the certificate advisor as soon as is possible.

This certificate is not restricted to specific majors; however, current SCSU students working on this certificate are most often majors in Biomedical Science, Medical Laboratory Science, or Life Sciences. The certificate is open to graduates of other colleges and universities assuming appropriate science background.

[BIOL 444](#) is the clinical rotation experience for the certificate. Students must be individually placed for clinical rotation experience by permission of the certificate advisor. Students will be awarded the Histotechnician certificate upon completion of BIOL 444 (the clinical rotation).

Students are eligible to sit for the American Society for Clinical Pathology Board of Registry national certification examination. Passing this exam is not a requirement for obtaining the Histotechnician certificate; however, passing the certification exam is generally necessary to maintain employment in the field.

Program Requirements

18 credits: [BIOL 364](#), [BIOL 483](#), 12 credits total of [BIOL 444](#).

Essential Functions
St. Cloud State University Histotechnician Certificate Program
(Applicant: Please retain the "Essential Functions" pages for your files.)

Essential functions represent the essential nonacademic requirements of the program that a student must be able to master to become employable. Examples of this program's essential functions are provided below. The National Accrediting Agency for Clinical Laboratory Science, in compliance with the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, requires us to define and publish essential functions. *If you are not sure that you will be able to meet these essential functions please consult with the HT Program Director for further information and to discuss your individual situation.* If restrictions are necessary due to a disability, reasonable accommodations will be made.

KEY: **Rare** = Less than once or twice a week, **Occasional** = 0 - 2.5 hours per day, **Frequent** = Total of 2.5 - 5.5 hours per day, **Constant** = > 5.5 hours per day

Vision

- Near Vision - Reading 20 inches or less - Constant
 - * Reading of procedures
 - * Digital printouts, etc.
 - * Gradation on syringes and pipettes
 - * Computer terminals
- Depth Perception - Constant
- Color Vision - Constant
- Far Vision (>20 feet) - Occasional
- Detail Perception - Frequent
 - * Visual comparisons and discriminations
 - * Differences in shapes and shadings of figures

Hearing and Verbal Communication

- Direct communication - Frequent
- Telephone communication - Occasional
- Hear and locate timers/alarms – Occasional

Large Motor Skills

- Standing - Frequent
- Sitting - Frequent
- Static Neck Position - Frequent
- Walking - Occasional
- Climbing Stairs - Occasional
- Pushing/Pulling - Occasional
- Stooping/Bending - Occasional
- Reaching – Occasional

Small Motor/Manipulative Skills

- Hand/Arm Control - Frequent
- Fingering - Frequent
 - * Fine Manipulation
 - * Writing
 - * Keying/Typing
- Simple Grasping – Frequent

Strength

- Lifting/carrying up to 10 pounds – Occasional

Computational Skills

- Metric Conversions - Occasional
- Algebraic Problem Solving – Occasional

Attentiveness

- Maintain Alertness - Constant
- Maintain Concentration – Constant

Memory Skills

- Short Term Memory - Constant
- Long Term Memory – Constant

Reasoning Skills

- Transfer Knowledge - Frequent
- Process Information - Frequent
- Problem Solving - Frequent
- Prioritize Tasks - Frequent
- Evaluate Outcomes - Frequent
- Comprehension – Frequent

Emotional Stability

- Responsibility - Constant
- Adaptability - Frequent
- Accountability - Constant
- Appropriate Response – Constant

Possible Exposure

- Radiation - Rare
(dependent upon type of procedures; may be zero)
- Toxic/caustic chemicals - Rare
(dependent upon type of procedures; may be zero)
- Fumes/Odors - Rare
 - * Noxious smells from various types of body fluids/excretions
- Mutagenic/Carcinogenic materials - Rare
(dependent upon type of procedures; may be zero)
- Blood/Body Fluid Pathogens
 - * Standard Precautions are incorporated into everything laboratory personnel do to eliminate exposure.
- Airborne Pathogens - Rare
- Noise - Constant

Occupational Factors

The positions available in the field of medical laboratory technology may require all or combinations of the following.

- Appearance/Hygiene Policies
- Possible Shift Work
- Customer/Public Interactions
- Working Under Specific Instructions
- Evaluating Performance of Others
- Performing Multiple Tasks Concurrently
- Working Alone or Apart, in Physical Isolation from Others
- Working Under Time Constraints
- Team Work
- Dealing with the Unexpected
- Handling Stressful or Emotional Situations

SCSU Histotechnician Certificate Program

Oath of Confidentiality *Signature Form*

As a student enrolled in courses at SCSU and as a healthcare professional with access to patient information, I agree to maintain the confidentiality of all information that is obtained, including patient medical, personal and financial information. I understand that Minnesota and Federal law protects the confidentiality of such information and that I will be personally liable for any breach of this duty. I hereby hold the organization for which I work, and SCSU, harmless for any such breach.

Student signature: _____ **Date:** _____

Student name typed or clearly printed: _____

Essential Functions *Signature Form*

Essential functions represent the essential nonacademic requirements of the program that a student must be able to master to become employable. Examples of this program's essential functions are provided below. The National Accrediting Agency for Clinical Laboratory Science, in compliance with the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, requires us to define and publish essential functions. *If you are not sure that you will be able to meet these essential functions, please consult with the HT Program Director at 320-308-5438 for further information and to discuss your individual situation.* If restrictions are necessary due to a disability, reasonable accommodations will be made. To discuss accommodations, the student must contact *the HT Program Director at 320-308-5438.*

I, _____

PRINT NAME

Have read and have understood the essential functions for the Histotechnician Certificate Program. I believe that I can perform the essential functions.

Signature: _____ **Date:** _____

**ST. CLOUD STATE UNIVERSITY
HISTOTECHNICIAN CERTIFICATE
ACKNOWLEDGMENT FORM**

Student Name _____

St. Cloud State University Student ID# _____

Please Print

Student Policy Manual Acknowledgment

I hereby acknowledge that I have received a copy of the HT Student Handbook (electronic). I certify that I will read the document carefully and will comply with the policies of the program as stated herein.

I recognize I need to retain the manual until I have completed all of my course work.

I agree to accept the consequences of non-compliance with any policies stated herein.

If I have questions, I will contact the HT Program Director or Dean of Health and Human Services for clarification.

(Statement is to be signed during the HT program orientation prior to beginning HT program courses, or upon entering the program at a later date).

Student signature _____

Date _____

I certify that I have read the application instructions, completed this application accurately, and have enclosed the above materials.

Student signature: _____ **Date:** _____