

## NEED TO INCLUDE THE STUDENT HANDBOOK SIGN OFF

### St. Cloud State University (SCSU) Medical Laboratory Science (MLS) Program Application Form

1. Contact the MLS Program Director at 320-308-5438 or 763-424-0963 if you have questions about the program or the application process.
2. Eligible applicants include those who have successfully completed an accredited MLT program, have passed the MLT certification examination, and are working as an MLT in a clinical laboratory. Taken the equivalent of Chem 210 and Math 112, with 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](http://www.stcloudstate.edu/SCSU4U)).
4. Complete this MLS Application and mail to:  
MLS Program Director  
St. Cloud State University  
269 Wick Science Building  
720 Fourth Avenue S.  
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: Feb 1st, will continue to accept applications till June 1st if seats are available**

#### Medical Laboratory Science Application Check-off List:

- \_\_\_\_ Accepted as transfer student at SCSU and have activated SCSU email
- \_\_\_\_ Provided SCSU student ID to Program Director
- \_\_\_\_ Completed application form
- \_\_\_\_ Proof of certification as an MLT
- \_\_\_\_ Two (2) recommendation forms distributed to current supervisor/manager, or other comparable professional with stamped envelope addressed to the MLS Program Director. Can also be sent via email.
- \_\_\_\_ Signed Essential Functions statement
- \_\_\_\_ Signed Oath of Confidentiality
- \_\_\_\_ Signed Acknowledgment have read application instructions
- \_\_\_\_ Completed Statement of Support
- \_\_\_\_ Signed Acknowledgement have read student handbook (found on SCSU website)

## St. Cloud State University Medical Laboratory Science (MLS) 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 I-151): \_\_\_\_\_

Name and address of MLT program attended: \_\_\_\_\_

Date of MLT program completion: \_\_\_\_\_

List all medical- or health-related work experiences:

Employer and Location	Nature of Work	DATES OF EMPLOYMENT:	
		from	to

1.

2.

3.

4.

Attach separate sheet if necessary

### **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 MLS program courses, will result in ineligibility to qualify for a degree in this program.

10/31/2018

**Essential Functions**  
**St. Cloud State University Medical Laboratory Science Program**  
**(Applicant: Please retain the "Essential Functions" pages for your files.)**

Upon completion of the Program requirements, the student should be able to:

1. Utilize a microscope to identify cells, structures and organisms.
2. Perform various pipetting techniques including:
  - a. serological
  - b. volumetric
  - c. micropipettors
  - d. repipettors
3. Operate laboratory instruments and perform quality control and preventative maintenance on instruments.
4. Perform specified laboratory procedures that require manual dexterity.
5. Prepare and stain slides for clinical interpretation.
6. Apply basic mathematical calculations to practical lab situations.
7. Read, understand and perform laboratory testing from written procedures.
8. Distinguish color changes in tubes and on slides.

**\*\* Notification of Essential Functions \*\***

The positions available in the field of medical laboratory science may entail all or combinations of the following physical, sensory, and environmental conditions.

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

**Vision**

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

**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**

- Duration (Maintain Alertness) - Constant
- Intensity (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**

- Toxic/caustic chemicals – Frequent (dependent upon type of procedures)
- Fumes/Odors – Frequent (noxious smells from various types of tissues and chemicals)
- Mutagenic/Carcinogenic materials – Rare (dependent upon type of procedures)
- Blood/Body Fluid Pathogens
  - \* Standard Precautions are incorporated into everything laboratory personnel do to eliminate exposure.
- Airborne Pathogens - Rare
- Noise - Constant

### **Occupational Factors**

Positions available in the field of medical laboratory science may entail all or combinations of the following.

- Appearance/Hygiene Policies
- Possible Shift Work, depending on the position
- Customer/Public Interactions
- Working under specific instructions or independent action or judgment
- 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
- Weighing and/or measuring
- Directing, controlling or planning activities of others
- Attaining precise set limits, tolerance and standards

**Letter of Recommendation**  
**SCSU Medical Laboratory Science Program**

NAME OF APPLICANT \_\_\_\_\_  
Last First Middle Initial

How long have you known applicant? \_\_\_\_\_ (Minimum of 3 months)

In what capacity is applicant known to you?

1. \_\_\_\_\_ employee
2. \_\_\_\_\_ student
3. \_\_\_\_\_ other (please specify) \_\_\_\_\_

**PLEASE CIRCLE ONE ITEM UNDER EACH CHARACTERISTIC LISTED BELOW**

**1. PUNCTUALITY:**

Habitually late      Frequently late      Average      Good      Always on time

**2. INTEGRITY:**

*Would report errors, check a result, assignment or problems without being told to, etc.*

Unsatisfactory      Poor      Average      Good      Excellent

**3. ATTENTION TO RULES AND REGULATIONS:**

Ignores all rules, doesn't know they exist      Average      Good      Follows rules without being prodded.

**4. COMMUNICATION:**

Does not communicate well either in speaking or writing.      Speaks well but does not write well.      Writes well but does not speak well.      Communicates adequately both verbally and in writing      Communicates well verbally and in writing.

**5. INITIATIVE:**

Does only things specifically assigned.      Average      Good      Looks for things to do. Does extra reading. Tries to find solutions to problems. Has leadership abilities.

**6. EMOTIONAL MATURITY:**

Overconfident. Unable to accept responsibility for own mistakes.      Shy, unsure of capability. Needs encouragement.      Moderately confident.      Shows good judgment. Mature, self-reliant.

7.	<b>RESPONSIBILITY:</b>				
	Unsatisfactory. Takes no responsibility for work or equipment.	Poor	Average	Good	Accepts responsibility. Completes assigned tasks on time. Is orderly and neat.
8.	<b>ABILITY TO FOLLOW INSTRUCTIONS:</b> <i>On the job or in completing assignments.</i>				
	Resents direction.	Does the work first, reads the instructions later.	Average	Good	Listens or reads carefully. Good attention to detail.
9.	<b>WORK AREA, RECORDS, REPORTS:</b>				
	Messy, disorganized.	Adequate		Good	Excellent, work area orderly and uncluttered. Records neat, legible and understandable. Reports neat and correctly written.
10.	<b>ORGANIZATION:</b> <i>(i.e. lab work, assignments, customer relationships).</i>				
	Not able to organize work.	Slow to organize and start work.	Adequately organized to make best use of time.		Very efficient and well organized.
11.	<b>SPEED:</b> <i>(i.e. lab work, assignments).</i>				
	Works very slowly. Often still working after others have gone home.	Average		Good	Works quickly without loss of accuracy.
12.	<b>QUALITY OF WORK:</b> <i>Consider neatness and work accuracy regardless of volume.</i>				
	Careless	Usually accurate and thorough.	Dependable. Rarely find errors.		Exceptional work. Accurate and complete. No spoilage or waste.
13.	<b>COOPERATION AND ATTITUDE:</b> <i>Consider attitude towards work, other students, employer, and fellow workers, ability to work with others, etc.</i>				
	Unwilling to take part. Shows reluctance to cooperate. Complains frequently. Does not accept suggestions.	Usually a good worker. Sometimes clashes with others and causes friction. Usually responds to suggestions.	Never complains. A good team worker. Does what is expected. Shows interest in job or department.		Goes out of the way to cooperate. Does not have to be asked. Adapts to situations cheerfully. Thoughtful of others.
14.	<b>DEPENDABILITY:</b>				
	Needs constant supervision.	Average supervision required.	Supervision is required only in learning new methods or machines.		100% on the job, conscientious. Can be trusted to work alone without supervision.

**15. PHYSICAL DEXTERITY:**  
*(Particularly hands).*

Actual disability.	Awkward	Occasionally erratic in actions.	Handles laboratory equipment well.	Markedly agile with good control.
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*While the following categories will not be applicable for evaluation by all persons completing this form, if you have observed the student in any of the following capacities it would be most beneficial for us to review your comments.*

**16. ABILITY TO WORK UNDER PRESSURE:**

Panics	Nervous and excitable.	Average	Good	Works carefully and calmly in an organized manner.
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**17. JOB KNOWLEDGE AND VERSATILITY:**

*Consider understanding of all aspects of the job assignment, knowledge of basic principles and techniques, ability to transfer knowledge to real work experience in the use of materials, instruments, methods and technical ability.*

Very little knowledge of department or job. Is completely stalled when anything unusual comes up.	Learned only the routine procedures.	Has good working knowledge of basic principles and is able to solve many of own problems.	Thorough grasp of job and more. Able to work out own problems that arise.
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**18. REACTION TO UNPLEASANT SITUATIONS:**

Anger	Annoyance	Apathy	Depends on others for solution.	Actively seeks solution.
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COMMENTS:

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EVALUATED BY:

_____	_____
Signature	Date
_____	_____
Title	Name of Department
_____	
Place of Employment	

**Letter of Recommendation  
SCSU Medical Laboratory Science Program**

NAME OF APPLICANT \_\_\_\_\_  
Last
First
Middle Initial

How long have you known applicant? \_\_\_\_\_ (Minimum of 3 months)

In what capacity is applicant known to you?

1. \_\_\_\_\_ employee
2. \_\_\_\_\_ student
3. \_\_\_\_\_ other (please specify) \_\_\_\_\_

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COMMENTS:

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EVALUATED BY:

_____	_____
Signature	Date
_____	_____
Title	Name of Department
_____	
Place of Employment	

## Statement of Support

### St. Cloud State University Medical Laboratory Science MLT to MLS (2+2) Program

(Part of MLS Application)

Prospective Student: \_\_\_\_\_

Is this student a current employee of your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Laboratory Accreditation: (CAP, Joint Commission, COLA, CLIA, other) specify other \_\_\_\_\_

The information below is to be filled out by the Laboratory Manager: Please indicate on-site departments (all departments do not need to be present):

Chemistry \_\_\_\_\_ Hematology/Coagulation \_\_\_\_\_ Blood Bank \_\_\_\_\_

Microbiology \_\_\_\_\_ UA/Body Fluids \_\_\_\_\_ Immunology/Molecular \_\_\_\_\_

Other/Specify: \_\_\_\_\_

The listed student has expressed interest in participating in the St. Cloud State University Medical Laboratory Science Program. This program allows an employee the opportunity to further their educational status and obtain national certification as a Medical Laboratory Scientist (MLS). SCSU is accredited by the Higher Learning Commission of the North Central Association of Colleges and Universities.

I understand that students receive the lecture and background for the MLS internship courses in a classroom setting. During the internship in the supporting laboratory, laboratory skills are learned and practiced to the required level of competency (as indicated on the competency checklist) while working with a qualified mentor. Students can begin the MLS internship once they have successfully completed the lecture course for that department of the laboratory. The internship must be completed within the semester in which it was begun. As determined prior to the beginning of the internship, the student will be expected to spend the number of hours in a given department working with a qualified mentor in order to complete the competency checklist.

I also understand that the internship component of the program must be completed at the student's work facility or other approved employer clinical site. For this to take place, the assistance of a mentor or other facilitator is required. The facilitator will not serve as a full-time clinical instructor, but should be available to answer questions, evaluate core laboratory competencies, and give valuable assistance as needed. Various mentors may be utilized dependent upon the organization and size of the facility. Dependent on the applicant's skill level and work experience, the time involved for mentors will vary for each course (department).

It is also my understanding that students enrolled in this program may complete various projects emphasizing workload recording, test method validation, procedure manual evaluation, CAP and CLIA requirements, and instrument selection. To complete these projects, the student will need access to procedure manuals, laboratory data, instrument validation data,

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and on occasion utilize laboratory instruments from the supporting facility. Students should not work on these projects as a part of their regular work duties.

It is my understanding that prior to being accepted into the SCSU Medical Laboratory Sciences Program, the student must obtain a statement of support indicating that the laboratory understands this responsibility.

Laboratory Manager Signature: \_\_\_\_\_

Laboratory Manager (name printed): \_\_\_\_\_

Your signature above indicates your willingness to provide the required support for this student to participate in the SCSU MLS 2+2 Degree Program.

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions please contact:

St. Cloud State University

720 4<sup>th</sup> Ave South

St. Cloud, MN 56302

Louise Millis, MS, MLS (ASCP)<sup>CM</sup>

MLS Program Director and Associate Professor Biology

Office phone: 320-308-5438

lmillis@stcloudstate.edu

# SCSU Medical Laboratory Science 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 MLS 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 MLS Program Director at 320-308-5438.*

I, \_\_\_\_\_

**PRINT NAME**

**Have read and have understood the essential functions for the Medical Laboratory Science Program. I believe that I can perform the essential functions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ST. CLOUD STATE UNIVERSITY  
MEDICAL LABORATORY SCIENCE  
ACKNOWLEDGMENT FORM**

Student Name \_\_\_\_\_  
Please Print

St. Cloud State University Student ID# \_\_\_\_\_

**Student Handbook Acknowledgment**

I hereby acknowledge that I have received a copy of the MLS 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 MLS Program Director or Dean of Health and Human Services for clarification.

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

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Student current place of employment \_\_\_\_\_

**Student Employment Acknowledgment**

I hereby acknowledge that if I lose my MLT employment while in the program, it is my responsibility to gain employment before the next semester begins. If employment cannot be secured the student will need to take a leave of absence from the program until such time as they have regained MLT employment. Students can have a leave of absence up to one year, term would begin at the end of the semester that they lose of their employment. All students need to update their employment stasis each semester, so we are able to verify employment.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

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

10/31/2018

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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