



MEDICAL CLINICAL LABORATORY TECHNICIAN



The following items are required for your application to be considered complete:

- Copy of a valid driver's license
- Copy of car insurance and vehicle registration
- Copy of your signed Social Security card (name must match driver's license)
- Copy of high school diploma or GED diploma
- Official, sealed high school transcripts
 - GED transcript is required if you received your GED
 - **If you have your GED, official sealed high school transcript is still required in addition to your GED transcript, even if it is incomplete.**
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Essay about why you are interested in the Medical Clinical Laboratory Technician program and what you know about the Medical Clinical Laboratory Technician profession
- Two (2) completed Professional Recommendation Letters
 - Applicant must sign the letter
 - **References cannot be related to you; No family members, friends, boyfriends, etc.**
- Read, sign and date technical standards
- Must attend ONE (1) Information Session: August 21, September 18, October 9 or November 13, 2017 for the January 2018 class. All Information Sessions are on Monday nights at 6:00 P.M.
- Complete the "My Career Shines" Assessment in Student Services

MEDICAL CLINICAL LABORATORY TECHNICIAN

The following will be required **IF** you are accepted into the Medical Clinical Laboratory Technician Program:

- TABE Test – This test is not required for admission. However, it must be completed within the **First Six Weeks** of class on your own time.
- To schedule a testing appointment, please contact Student Services at (352) 671-4134.
 - If you have earned an AA Degree or higher, the TABE test may be omitted.
 - If you have taken the CPT, PERT, ACT or SAT within the last two years, you may also be exempt from the TABE test.
 - Due to the heavy workload, it is highly recommended to schedule your TABE test prior to the beginning of classes.
 - If you have a GED from 2014 to present year, you are exempt from TABE.
- Background check. We will provide paperwork upon acceptance. Due on **First Six Weeks** of class.
- Immunizations – are required and we need proof of all the following:
 - Hepatitis B, Tuberculosis (PPD), Measles Mumps Rubella (MMR) times 2, and Varicella Zoster (Chicken Pox), Flu Shot (fall) or evidence of immunizations or positive titers
 - The TB Skin Test (PPD) and the First Series of Hepatitis B is required within the First two weeks of class or sooner. All other immunizations will be due within the first six weeks of class.
 - If your TB Skin Test comes back positive, we will need a copy of your results from the chest X-Ray.
- Physical Examination form will be due within the first six weeks of class

Return To: Marion Technical College
MEDICAL CLINICAL LABORATORY TECHNICAN PROGRAM
1014 S.W. 7th Road
Ocala, FL 34471

RECOMMENDATION FORM

Applicant: _____
Please Print _____ Signature* _____

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSPPR).

NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES PLEASE.
FORM MUST BE RETURNED DIRECTLY TO THE MEDICAL CLINICAL LABORATORY TECHNICAN PROGRAM OFFICE BY THE PERSON COMPLETING IT.

1) How do you know this individual? _____ # of years _____
2) Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and highly patient ? ___ Yes ___ No ___ Not Sure Explain: _____

3) I have observed the following attributes in this individual (only check those that apply):
___ Cheerfulness ___ Self-Motivation ___ Good Attendance ___ Critical Thinking
___ Maturity ___ Self-Confidence ___ Team Player ___ Problem Solving
___ Dependability ___ Initiative ___ Multi-Tasking ___ Effective
___ Honesty ___ Punctual ___ Time Management ___ Communication

4) What do you feel is this individual's greatest strength? Why? _____

5) What do you feel is this individual's greatest weakness? Why? _____

5) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important. _____

6) In what ways could this individual improve to be better prepared for a rigorous professional educational program and demanding healthcare career? _____

7) Additional comments: _____

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

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