



Jersey Shore University Medical Center
Florence M. Cook School of Medical Laboratory Science
1945 Rte. 33
Neptune, New Jersey 07753
732-776-4603

Education office use only:
 Application Packet received:

Application for Admission, _____ (Academic Year)

Notice to Applicant: We are pleased with your interest in attending our clinical internship program in clinical laboratory science. Please read all instructions and sections carefully. In our efforts to efficiently process your application and to maintain confidentiality, we require applicants to obtain the required application materials in sealed envelopes and to collect all required materials before mailing. A completed Application Packet includes this application, two (2) letters of recommendation, and all college transcripts. When the Application Packet is completed, it should be placed in a large envelope and mailed to the address above or located at the end of this application. Please be certain to affix the correct required postage. International students must refer to our website for information on additional application requirements.

Please print or type

Name: _____
 (Last Name) (First Name) (Middle Name or Initial)

Permanent Address: _____ Telephone: (____) _____
 (Your hometown residence) Street Address Cell phone: (____) _____

_____/_____/_____
 City State Zip Code Email: _____

Current / School Address: _____ Telephone: (____) _____
 (if different from home address) Street Address

_____/_____/_____
 City State Zip Code Email: _____

Nearest Relative: _____ Telephone: (____) _____
 Name Relation

Address: _____/_____/_____
 Street Address City State Zip Code

American Citizen: Yes No If NO, you must provide proof of Permanent Residency Status (J-1 Visa) to be considered for admission

Educational Background: List ALL previous and current institutions. If necessary, attach an additional sheet.

College / University	Major & Minor Areas of Study	Years Attended	Graduation Date	Degree

Please obtain official transcripts from each college/university you have attended. Request the institution's Registrar's Office to mail/give the transcript directly to you. **DO NOT OPEN THE ENVELOPE.** The sealed envelope should be included with your Application Packet. If an institution refuses to release a transcript to you, please arrange for the credential to be sent to the address on this application form. (Unofficial transcripts obtained from your academic advisor are permissible, provided they are received in a sealed envelope with the advisor's signature on the envelope flap and on each transcript page.) Foreign students need an additional transcript for evaluation purposes.

Will you be an undergraduate (still enrolled in college) at the start of the Clinical program ? YES NO

If YES, College / University: _____
 (Include this College/University in above chart, noting date of expected graduation and degree to be received)

Address: _____/_____/_____
 Street Address City State Zip Code

Academic Advisor: _____/_____
 Name & Title Department / Division

Office Address: _____ Phone: (____) _____ Email: _____

If you have NOT received a Baccalaureate degree or are taking classes to meet entrance requirements, list the classes you are currently enrolled in and/or those you plan to enroll in for the next semester.

CURRENT CLASSES

PLANNED CLASSES

Dear Applicant:

Upon completion of your clinical year, you must receive your baccalaureate degree (if you have not already graduated) in order to receive Board of Registry certification as a Medical Technologist. The Board of Registry requires a *final* college transcript officially stating receipt of a degree. If you have not graduated, meet with your advisor and make sure you have met *all* the college/university's requirements for graduation and verify you will receive a degreed transcript upon completion of your clinical year.

CHOOSE ONE

Upon successful completion of clinical training at the Florence M. Cook School of Medical Laboratory Science I will receive my baccalaureate degree.

 Signature Date

I have or will receive a baccalaureate degree prior to entrance into the Florence M. Cook School of Medical Laboratory Science.

 Signature Date

Work /Volunteer Experience: Please supply the information related to your three most recent employers, starting with the most recent.

Contact Person (Supervisor) & Organization (Name/Address/Phone)	Position & Duties	Dates of Employment/Volunteering

Are you certified in any health care profession(s) (i.e. MLT, EMT, Phlebotomy)? _____ YES _____ NO
 If YES, list type(s), date(s) certified, and certification number(s)

Please use the space below to describe your interests, hobbies and activities, other than academics, that you enjoy.

Military Service:

Branch of US Military: _____ Dates Served: _____ Discharge Rank: _____

Specialized clinical training, citations or rewards received:

Have you ever been dismissed from college for disciplinary reasons ? _____ YES _____ NO

Have you ever been convicted of a criminal offense, plead guilty or nolo contendere, court-marshalled from the military, had a sentence suspended or withheld judgement and/or have been convicted of a misdemeanor and/or violation (excluding traffic-related violations unless drug or alcohol related) except those convictions sealed, expunged or set-aside under Federal or State law ? _____ YES _____ NO

If answered YES to either of the above, explain:

References: Please list your references below. Include two (2) references from college science instructors and employer or non-family personal reference. Provide each reference with the downloaded Recommendation Form and include all completed references in your Application Packet before mailing.

Name/title: _____	Telephone:(____) _____
Address: _____	
Occupation: _____	
Name/title: _____	Telephone:(____) _____
Address: _____	
Occupation: _____	
Name/title: _____	Telephone:(____) _____
Address: _____	
Occupation: _____	

Essay: In your own words and handwriting, briefly answer the following question.

Why have you selected Medical Technology/Medical Laboratory Science as your career choice ?

I understand that Florence M. Cook School of Medical Laboratory Science does not discriminate on the basis of race, age, religion, sex, sexual orientation, marital status, veterans status, national origin, color, creed or handicap in admission or access to, or treatment or employment in, its program or activities. I consent to take a pre-enrollment physical and such future examinations as may be required by the hospital. I hereby authorize investigation of all statements submitted in this application, including consulting other institutions and persons in order to verify any information which may be pertinent to the evaluation of my application. I certify that all submitted statements are true and further understand that if I am accepted, any misrepresentation or omission of fact pertinent to admission will be sufficient cause for dismissal.

Signature: _____ Date: _____

Mail completed Application Packet with \$35.00 application fee to:
 Program Director
 Florence M. Cook School of Medical Laboratory Science
 1945 Route 33
 Neptune, NJ 07753

Applicant use: Completed Application Packet:

- Application form
- References
- Transcripts (all colleges)
- Application fee (\$35.00)