

Application for Admission to a COMLE Medical Laboratory Science Program

Committee on Medical Laboratory Education
Hospital Programs
Sanford USD Medical Center, Sioux Falls, SD
St. Luke's College-UnityPoint Health, Sioux City, IA

COMLE

- Note: Print and read instructions and forms carefully;
- Applications accepted August 1 through October 1;
- A resume is required

Deadline for receipt of application and transcript - **October 1**
Deadline for receipt of references - **October 15**

Application Fee: \$45.00 Payable to: Sanford

Application Date: _____

Post Marked Date: _____

COMLE Checklist:

Fee rc'd: _____	Grade sheet done: _____
Transcript(s) rc'd: _____	Copied: _____
References rc'd: _____	Sent: _____
Essential form rc'd: _____	Interview: _____
Resume rc'd: _____	Placed: _____
Program Pref: _____	Alternate: _____
Prereq coursework: _____	Notice Sent: _____
Need still: _____	

Personal History

Name: _____ Date of Birth (month/day): _____ / _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone: (_____) _____ Email: _____

Permanent Address: _____
Street City State Zip Code

Alternate Contact

Name of Parent or Closest Relative: _____
Last First Relationship

Phone: (_____) _____ Email: _____

Hospital Preference

Please list your order of preference for acceptance among the three COMLE programs listed at the top:

First Choice _____

Second Choice _____

Educational Background

Universities/Colleges Attended:

Name	Location	Date Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is/are your major(s)? _____

What is/are your minor(s)? _____

Will you have a BS/BA degree before entering the program? ____Yes ____No

If yes, will you be enrolled for a MLS degree with your home university ____Yes ____No

Have you been previously enrolled in a MLT or MLS program and did not complete? ____Yes____No.

If yes, please list the name and dates of the program, in addition to the reason for not completing.

Criminal Background Information

Have you ever been convicted of a crime? ____Yes____No

If yes, please explain _____

Please Note: all accepted students will be subject to a criminal background check.

Employment Background

Are you a U.S. citizen? ____Yes ____No

If you are not a U.S. citizen, what is your VISA type? **Please check below and submit copy with this application.**

Student Exchange visitor Permanent resident other, specify:_____

Professional or Work Experience:

Employer	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

Three reference forms are required from applicants. Two of the references are to be from college science professors or clinical laboratory science advisors and the third reference from a former/current employer.

List below three people from whom you plan to obtain a reference.

1. _____
2. _____
3. _____

The three reference forms are to be completed and returned to the address at the end of this application by October 15th.

Transcripts

All applicants must submit a/an official transcript(s) at the time of application. In addition, please list here the courses (with credits) now in progress and those planned for the remainder of the year.

In Progress:

Planned:

Interest

In the space below, please write a statement of your interest in the Medical Laboratory Science Program and your expectations for the clinical year.

I certify that the above information is complete and correct.

Signature of Applicant: _____

COMLE programs adhere to fair practices relative to student recruitment, admission and matriculation processes. They do not discriminate with respect to age, sex, marital status, race, color, creed, national origin, or handicap, except those handicaps that may affect bonafide professional performance or academic standards.

Send all information to the following address. Please enclose the \$45.00 Application Fee payable to Sanford.

COMMITTEE ON MEDICAL LABORATORY EDUCATION
Meredith Loosbrock, MS, MLS(ASCP)^{CM}
COMLE Coordinator
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