

**MARION TECHNICAL COLLEGE**  
**MEDICAL LABORATORY TECHNOLOGY (MLT) PROGRAM APPLICATION**  
\_\_\_\_\_ 2 year plan \_\_\_\_\_ 3 year plan \_\_\_\_\_ Consortium Student

Name \_\_\_\_\_ SS# or PID \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Directions: Complete this program application to apply for admission in the Medical Laboratory Technology (MLT) program. Please initial the blanks and submit this application ONLY if you can answer the questions affirmatively (yes).

- \_\_\_ 1. **I have been notified that my Marion Technical College Admission file is complete. The file must contain:**  
\_\_\_ a. MTC application for admission with fee \_\_\_ b. Final high school transcript or GED results
- \_\_\_ 2. **I have achieved a raw score of 78 or above on the COMPASS Reading Skills Assessment. OR (check one)**  
\_\_\_ **I have successfully completed ENG 0970 Reading Enrichment II. OR**  
\_\_\_ **I have received a score of 18 or above on the Reading portion of the ACT.**
- \_\_\_ 3. **I have taken high school chemistry and biology and received grades of "C" or better. OR (check one)**  
\_\_\_ **I have successfully completed SCI 1050 Principles of Biology and Chemistry and received a grade of "C" or better.**
- \_\_\_ 4. **I have achieved a raw score of 40 or above on the COMPASS Elementary Algebra Assessment. OR (check one)**  
\_\_\_ **I have successfully completed MTH 0990 Pre-Algebra. OR**  
\_\_\_ **I have received a score of 19 or above on the Math portion of the ACT.**
- \_\_\_ 5. **I have achieved a raw score of 69 or above on the COMPASS Writing Skills Assessment. OR (check one)**  
\_\_\_ **I have successfully completed ENG 0990 Preparation for College Writing II. OR**  
\_\_\_ **I have received a score of 18 or above on the English portion of the ACT.**
- \_\_\_ 6. **I have completed one of the following:**  
\_\_\_ a. American College Test (ACT) composite score of 15 or higher on test taken before October 1, 1989.  
\_\_\_ b. American College Test (ACT) composite score of 18 or higher on test taken after October 1, 1989.  
\_\_\_ c. Required college program course(s) with a minimum accumulative grade point average of 2.5 or higher.
- \_\_\_ 7. **I have at least a 2.5 accumulative grade point average and understand I must achieve a "C" or better in all required courses to successfully complete the program.**
- \_\_\_ 8. **I realize that there are additional requirements for admission to MLT 2090 MLT Clinical and that they must be met by the specific deadline to avoid forfeiture of the Clinical.**  
\_\_\_ a. medical/physical form completed \_\_\_ c. signed Responsibility for Treatment  
\_\_\_ b. infectious disease testing & updated immunizations \_\_\_ d. drug screening
- \_\_\_ 9. **I understand my clinical site may require additional testing prior to or during clinical i.e. drug screening, exposure to infectious diseases.**
- \_\_\_ 10. **I understand I must complete the first Hepatitis B injection, in an immunization series of three, prior to my first technical laboratory course.**
- \_\_\_ 11. **I have read and understand the MS Student Handbook policies and requirements. I have had an opportunity to ask questions. I agree to abide by the policies and requirements specified in the Handbook.**
- \_\_\_ 12. **I have read and understand the Medical Sciences Essential Functions as listed in the MS Student Handbook.**
- \_\_\_ 13. **I have observed a minimum of 4 hours in a laboratory and submitted an "Observation Validation" form.**
- \_\_\_ 14. **I have read, understand, and signed the *Educational Research Consent Form*.**

I wish to enter the MLT technical course sequence \_\_\_\_\_ term \_\_\_\_\_ year. My anticipated year of graduation is \_\_\_\_\_.

I understand my formal acceptance into the MLT Program is contingent upon a successful criminal background check facilitated by Marion Technical College. I understand that if the MLT courses are filled at the time that I submit this application, I will then be placed on a waiting list and will be accepted into the MLT courses when an opening is available on a first come first serve basis. I certify that the information that I have provided is true to the best of my knowledge. I understand that I am responsible for fulfilling all of the MLT admission and medical requirements.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return white copy to: **Darlene L. Lewis, Health Technologies Secretary, 1467 Mt. Vernon Avenue, Marion, OH 43302**

Application Accepted \_\_\_\_\_ Application denied \_\_\_\_\_ Yr./Term to graduate \_\_\_\_\_ Letter sent to student \_\_\_\_\_

DLL/MLT Application revision 10/09/13 /MLT-semester