

**SCHOOL OF MEDICAL TECHNOLOGY** Application for Admission



Name: \_\_\_\_\_  
*Last First Middle Maiden*

Present Address: \_\_\_\_\_  
*Street City State Zip*  
\_\_\_\_\_  
*Telephone number Email address*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*  
\_\_\_\_\_  
*Telephone number Email address*

Where should correspondence be sent?  Present address  Permanent address

Social Security Number: \_\_\_\_\_ If not a

U.S. citizen, what type of visa do you possess? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No \_\_\_\_\_

U.S. military service?  Yes  No Dates: \_\_\_\_\_

Preferred Entrance Date:  January 20 \_\_\_\_\_  June 20

**Record of Education:** \_\_\_\_\_

High School: \_\_\_\_\_  
*Name of School City State*

University/College: List schools attended and dates. Indicate degrees if applicable.

<i>School name</i>	<i>City/State</i>	<i>Dates attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate date you will have completed all academic requirements or prerequisites: \_\_\_\_\_  
*Month/Year*

College activities, honors, citations, scholarships, etc.: \_\_\_\_\_

List the courses scheduled for the Fall semester of your final year (if not already on transcript):

List the courses scheduled for the spring semester of your final year:

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In addition to completed the application, the following information is required:

1. **Official college transcripts** must be mailed or emailed to CoxHealth School of Medical Technology directly from the college/university. Transcripts must be received before an interview can be scheduled. (The National Accrediting Agency for the Clinical Laboratory Sciences allows for transcript evaluation by the school officials.)
2. Sign and return the **Essential Functions for the MT Student** form, verifying you have read the essential functions for MT students along with the entry-level competencies for MT graduates and will be able to meet the essential functions of MT students.
3. If you are going to be receiving a BS degree upon completion of the MT clinical training program, take the **Student Status Verification** form to the Registrar at your college/university and ask that it be completed and mailed to the MT school at the address included on the form. The college/university may substitute another form or letter if they prefer.
4. Enclosed are three copies of the **Recommendation Form**. It is your responsibility to distribute recommendation forms to academic instructors (preferably in the biology and chemistry departments) and/or recommendation forms may be given to an employer instead of an academic instructor. Recommendation forms should be sent to the program director from the recommendation individual. They may be mailed or emailed. It is your responsibility to assure that these recommendations have been returned to the Program Director of the MT School.
5. Submit a **handwritten statement** concerning your interest in medical technology including your motivation to enter the clinical laboratory science field, future employment plans and ultimate goals.

The application materials listed above must be returned to the Program Director by mid-**August** for the following January class consideration and mid-**November** for the following June class consideration.

6. After we have received all of the information requested above, we will contact you to arrange an appointment for your **personal interview**.
7. If you are accepted as a MT student at CoxHealth, you will be asked to submit a **pre-entrance physical examination**. The form will be supplied by the MT school and should be completed by your personal physician. This form must be returned to the school by to the entrance date for your class.
8. CoxHealth is committed to providing a drug-free and safe working environment. In the spirit of this concept, all persons entering CoxHealth School of Medical Technology will be required to submit to a **drug screening procedure** by the entrance date of your class. Admission into the training program will be contingent upon a negative drug screen.

CoxHealth does not discriminate in the selection of students with respect to race, color, creed, sex, age or national origin. Disabilities will be considered if the applicant can meet the essential functions for the MT student with reasonable accommodations.

*I certify that the information contained in this application is accurate and complete to the best of my knowledge. I realize that misrepresentation of facts called for on the application will be cause for rejection of the application or possible dismissal from the program.*

Signature

Date

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Please submit the completed application and requested materials to:

**Gisele Bauman, Program Director**  
**CoxHealth School of Medical Technology**  
**3801 S. National Ave.**  
**Springfield, Mo. 65807**