

**PROGRAM IN MEDICAL TECHNOLOGY
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
APPLICATION PACKET**

Greetings!

I am glad you are interested in pursuing a career in medical technology (clinical laboratory science) and appreciate your interest in our program.

Enclosed you will find a brochure explaining the program and the necessary application materials. Please read the application instructions carefully and follow them closely. An incomplete application will not be processed. The deadline for accepting applications is November 15 for the July Class and August 15 for the January Class. The January Class will be held only if there is adequate interest. Personal interviews are scheduled only after the initial application materials have been reviewed by the Admissions Committee.

Please contact us if you need further assistance.

Sincerely,

Beth Gaither, Director
Program in Medical Technology

APPLICATION INSTRUCTIONS

1. Properly fill out and return an application to the following address:
Program Director
Program in Medical Technology
Pathology Department
Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, N. C. 27157

All forms and future correspondence should also be mailed to this address.

2. With the application, enclose an application fee of \$35.00 in the form of a check or money order payable to **North Carolina Baptist Hospital**.
3. Have a transcript from each college attended, including a list of courses in progress, sent directly to this office from the proper school official. Your transcript(s) must be received before an interview can be scheduled. Your transcript must indicate a cumulative grade point average of at least 2.50 on a 4.00 scale.
4. Have reference forms completed by each of three references. Two college science professors, preferably one biology and one chemistry professor should be included in your references. (For students who have been out of school for more than five years, you may use employers as references.) Please fill out Section I of each form, give the forms to the appropriate persons along with stamped envelopes addressed as indicated in Step 1, and request that the forms be returned directly to this office. All three reference forms must be received before an interview can be scheduled.
5. Submit your Scholastic Aptitude Test (SAT) or American College Testing (ACT) scores to this office **if applying from a nonaffiliated school**. Your high school is usually the easiest place to obtain these scores. If scores are not available through your college/university or high school, write or call:

College Board ATP
P.O. Box 6200
Princeton, NJ 08541-6200
(609) 771-7600

When obtaining scores from the College Board, use our school code number, 1751.

6. Graduates of foreign colleges or universities only: If an applicant is basing his/her academic requirements on a degree from a foreign college or university, a transcript evaluation including course/degree and grade equivalences must be submitted. For this service, write or call:

International Education Research Foundation, Inc.
Credentials Evaluation Service
P.O. Box 66940
Los Angeles, CA 90066
(310) 390-6276

If you wish to use another evaluation agency, please contact the Board of Registry Office at 312-738-1336.

7. If English is not your native language, you must submit your scores from the Test of English as a Foreign Language (TOEFL).

It is important to note that a combined degree (3+1) applicant to any NAACLS-accredited program must be a degree candidate from his/her college or university. Successful completion of a medical technology program by these students must culminate in a degree from the college or university attended for the first three years. There are no exceptions to this rule. It is the responsibility of the student to check with

appropriate school officials to be certain that all courses required in the first three years have been successfully completed prior to entrance into a medical technology program.

When your application materials have been reviewed, you will be notified if you can be considered further; in which case, we will ask you to arrange for personal interviews with members of our admissions committee. At the time of your visit, we will also arrange for you to tour our laboratories and talk with students when available. In selecting applicants, careful consideration will be given to the student's academic records, SAT or ACT scores, evidence of character, and career goals.

**APPLICATION FOR ADMISSION
PROGRAM IN MEDICAL TECHNOLOGY OF THE
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER**

The Program in Medical Technology of the Wake Forest University School of Medicine and North Carolina Baptist Hospital will consider the application of any qualified individual and is committed to administer all educational and employment activities without discrimination in regard to race, color, religion, sex, age, national origin, marital status, or handicap.

ENTRY INFORMATION (Check appropriate entry status.)

Anticipated entry date: July, _____
(year)

Anticipated entry date: January, _____ (Note: A January Class will only be held if adequate enrollment. Your application fee for the January Class will be refunded if no January class is held.)
(year)

Indicate degree status on date of entry:

_____ 4+1 (your degree has been completed OR will be completed **PRIOR** to entrance into the Program)

_____ 3+1 (MT Program will complete degree)

PERSONAL INFORMATION (Please include any names necessary to process your application.)

Social Security Number: _____

Name: _____
Last First Middle Preferred

Current Address: _____
Street

_____ City State Zip Code

Telephone Number: _____

E-mail address: _____

Permanent Address: _____
Street

_____ City State Zip Code

Telephone Number: _____

In case of emergency, notify:

_____ Name Phone Number

_____ Address

Have you had any work or volunteer experience in a hospital or medical clinic? If yes, describe briefly:

COLLEGE/UNIVERSITY EDUCATION (Please provide the following information on all colleges/universities attended or currently attending.)

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Year Graduated</u>	<u>Degree and Major</u>

If currently enrolled, indicate:

Degree and major in progress: _____

Expected date degree will be awarded: _____

Have you previously applied to this program? _____yes _____no

If yes, give date(s) _____

List below the college science and math courses you have completed to date.

<u>Course # and Name</u>	<u>Credit Hrs.</u>	<u>Course # and Name</u>	<u>Credit Hrs.</u>
Biology:			
Chemistry:			
Mathematics and Physics:			

List other science and math courses you are currently taking or plan to take to meet degree requirements.

<u>Course # and Name</u>	<u>Credit Hrs.</u>	<u>Course # and Name</u>	<u>Credit Hrs.</u>

REFERENCES: List two academic references including one biology and one chemistry professor. At least one reference must come from the degree granting institution. Also list one personal reference, preferably an employer.

Name

Position

1. _____

2. _____

3. _____

Complete Section I of each Reference Form, give the forms to the appropriate persons with stamped envelopes addressed as indicated in the Application Instructions, and request that the forms be returned directly to the Program Director as soon as possible.

IN A BRIEF HANDWRITTEN STATEMENT, INDICATE WHY YOU WISH TO BECOME A MEDICAL TECHNOLOGIST.

I certify that the responses given in this application are true to the best of my knowledge. I authorize program officials to make reasonable inquiry where needed to gather information pertinent to my application as a student.

Signature of Applicant

Date

For consideration of your application, we must receive:

- transcripts from all colleges/universities attended
- three references on accompanying reference forms, and
- scores from the Scholastic Aptitude Test or American College Testing assessment
- scores from the Test of English as a Foreign Language, if applicable (see application instructions).

Mail the completed application form with a \$35.00 check or money order payable to the **North Carolina Baptist Hospital** to:

Program Director
Program in Medical Technology
Pathology Department
Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157-1072

Received by: _____ Date: _____

**PROGRAM IN MEDICAL TECHNOLOGY
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER**

REFERENCE FORM

TO THE APPLICANT: After completing this section, furnish a stamped envelope addressed to this program and this form to the individual who has agreed to complete it. Please print or type.

Applicant's Last Name _____ First _____ Middle _____ Social Security Number _____
Telephone Number _____
Area Code _____

In accordance with the Family Educational Rights and Privacy Act of 1974, you have the right of future access to the contents of this reference form once you are enrolled as a student in this institution. You also have the option of waiving this right. Please indicate your preference by signing and dating one of the following statements:

I hereby waive my right of future access to the contents of this reference form and authorize my reference to provide all appropriate information that may be required in support of my application.

Signature _____ Date _____

I do not waive my right of future access to the contents of this reference form but authorize my reference to provide all appropriate information that may be required in support of my application.

Signature _____ Date _____

The remainder of this form is to be completed by the evaluator. This information will be used to supplement the student's academic record thereby aiding admissions officials in their selection process. Your candid assessment will be greatly appreciated. Your reference is required to complete this student's application. Please complete this form at your earliest convenience and mail directly to the following address:

Program Director
Program in Medical Technology
Department of Pathology
Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, N. C. 27157

How long have you known the applicant? _____ From _____ to _____
Date Date

Relationship to applicant: (check appropriate spaces)

Employer _____ Teacher _____ Supervisor _____ Other, please specify _____

Please rate the applicant on each of the following traits by checking the appropriate box.

Traits	Superior (Top 2%)	Excellent (Top 10%)	Above Average (Top 25 %)	Average (25-75%)	Below Average (Bottom 25%)	Not Observed
Attendance						
Attitude						
Ability to work under supervision						
Rapport with peers						
Quality of work						
Quantity of work						
Organizing ability						
Ability to correlate ideas						
Judgement/Maturity						
Dependability						
Initiative						
Self-confidence						
Manual dexterity						

What, in your opinion, are the applicant's major strengths?

What, in your opinion, are the applicant's major weaknesses?

Additional Comments:

RECOMMENDATION: Check below your recommendation of this applicant for medical technology education.

Qualified & Competent _____ Reservation _____ Not Recommended _____

Signature of evaluator _____ Date _____

Position _____ Telephone No. _____

Institution _____

Address _____