



West Virginia University
ROBERT C. BYRD HEALTH SCIENCES CENTER

Medical Laboratory Sciences Program
Robert C. Byrd Health Sciences Center
2163-E Health Sciences North
P. O. Box 9211
Morgantown, WV 26506-9211

Dear Applicant,

Thank you for your interest in the Medical Laboratory Science Program at West Virginia University. The enclosed packet contains the following application materials:

Application Form
Area of Emphasis Selection Form
Medical Laboratory Sciences Essential Functions
Essential Functions Signature Forms
Two Recommendation Forms

You will need two recommendations, one MUST be from a college science professor, and the other can be from another individual such as another instructor or employer. Close friends or relatives should NOT complete recommendations. If you ask a teaching assistant for a recommendation, the course professor should sign the form. Directions for returning the recommendations are included on the Recommendation Forms. It is important that you obtain the recommendations as soon as possible. Applicants may be interviewed before we receive their completed Recommendation Forms; however, admission decisions will NOT be made until both recommendations have been received and reviewed.

Please read the Medication Laboratory Science Essential Functions page and sign and date the Essential Functions Signature Form. Also, please sign and date the Area of Emphasis Selection Form. Return these forms with your completed Application Form and application fee to:

Health Sciences Center Admission and Records
1170 Health Sciences North
P. O. Box 9815
Morgantown, WV 26506-9815

Those completed application packets (application, fee, Essential Functions Signature Form, Area of Emphasis Selection Form and two recommendations) must be received (or postmarked) by **July 1, 2009**.

The Medical Laboratory Science Program Admissions Committee will select the Fall entering class in July and applicants will receive notification of their admission status by the end of July.

In the event the class is not filled, the application deadline may be extended.

Please contact me at (304) 293-1630 or by email at bkirby@hsc.wvu.edu if you have any questions.

Sincerely,
Beverly A. Kirby
Admission Committee Chair



WEST VIRGINIA UNIVERSITY

Health Sciences Admission Application

West Virginia University • PO Box 9815 • Morgantown WV 26506-9815
Tel. 304 293-3521 • 1-800-344-WVU1

Your Nonrefundable Fee must accompany this application.

Dental Hygiene, Medical Laboratory Science, Nursing, Occupational Therapy: Resident \$25 • Nonresident \$40
Dentistry \$50 • Physical Therapy \$50

If applying for more than one degree program, please submit an additional application and fee.
Make checks payable to WVU.

Please read instructions carefully. Type or print legibly to minimize delays in processing your application.

1. Social Security Number: _____
(For internal use only. Will be kept confidential.)

2. Name: _____
(Last)

(First) (Middle)

3. If you enrolled under a different name at WVU or another institution or college, please print all previous name(s) below.

4. Have you ever **attended** WVU? ___ Yes ___ No IF YES, for which Semester(s)/Year(s)? _____

.....

5. Mailing Address: **(MA)**

(Street) (Apartment #)

(City) (State)

(Zip/Postal Code)

For Non-U.S. Addresses Only: _____
(Country Name)

Telephone: **(MA)** _____
(Country Code) (City Code or U.S. Area Code) (Number)

.....

6. Permanent Address: **(PA)**

(Street) (Apartment #)

(City) (State)

(Zip/Postal Code)

For Non-U.S. Addresses Only: _____
(Country Name)

Telephone: **(PA)** _____
(Country Code) (City Code or U.S. Area Code) (Number)

E-mail Address: _____

7. Name of person to contact in case of Emergency:

_____ (Last)

_____ (First)

_____ (Middle Initial)

Relationship: _____

Emergency Address: **(EM)**

_____ (Street) _____ (Apartment #)

_____ (City)

_____ (State)

_____ (Zip/Postal Code)

For Non-U.S. Address Only: _____

(Country Name)

Telephone: **(EM)** _____
(Country Code) (City Code or U.S. Area Code) (Number)

_____ (Country Code) (City Code or U.S. Area Code) (Business Number)

8. Please indicate Year/Term for which you are applying:

YEAR 2009 ____ Fall **(09)** August-December

9. Program for which you are applying:

(UG, 00, 0) (8350) ____ Medical Laboratory Science

10. Sex: ____ **(M)**ale ____ **(F)**emale

11. Date of Birth: ____/____/____ (Ex. Jan. 01, 1980)
Mon Day Year

12. Citizenship Status: ____ **(01)** U.S. Citizen
____ **(02)** Permanent Resident with Alien Card (Please enclose copy of both sides of card)
____ **(03)** Refugee
____ **(04)** * Non-Immigrant/Other Visa Type (Specify Type) _____

* Additional materials may be needed. Please contact the Office of Admissions and Records, International Unit.

(Required for Federal Reporting)

13. Ethnic Group: ____ **(01)** White, Non-Hispanic ____ **(04)** Asian or Pacific Islander
____ **(02)** Black ____ **(05)** American Indian or Alaskan native
____ **(03)** Hispanic

Country of Citizenship: _____ Country of Birth: _____

ALL PREVIOUS EDUCATIONAL EXPERIENCE

14. List chronologically every college, university, high school or any other institution(s) you have attended. ALL institutions/colleges must be reported whether or not credit was earned or transfer credit to WVU is desired. **Where dates are called for, use month and year (MON-YYYY) (Ex. Jan-1975).** Please attach an extra sheet if necessary. **All applicants must fully complete this area.**

Complete Name of Last High School	City & State	Graduation Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete Name of Current & Prior Colleges	City & State	Degree Obtained/Expected (major)	Graduation Date (MON-YYYY)	Attendance Dates (MON-YYYY) From	To
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____

High school transcripts are required for non-WVU applicants with less than 29 credit hours. All transcripts must be official and sent directly from each college attended to the HSC Office of Admissions and Records. (Note: D.D.S. applicants need not send transcripts unless notified.) **Transcripts marked "issued to student" and facsimiles will NOT be accepted.**

15. Please indicate which tests you have completed and the month and year taken.

(Medicine)	(Dentistry)	(Pharmacy)
____ MCAT ____/____	____ DAT ____/____	____ PCAT ____/____
MON YYYY	MON YYYY	MON YYYY
(Dental Hygiene and Nursing)		
____ SAT ____/____	____ ACT ____/____	
MON YYYY	MON YYYY	

16. In what extracurricular, community or vocational activities did you participate while in secondary school/college (include offices held)? _____

17. What honors did you receive while in secondary school/college (include honorary societies)? _____

18. Have you previously applied to this program? ____ Yes ____ No

If yes, when _____

19. Have you ever been convicted of a felony ? ____ Yes ____ No

20. Have you ever been convicted of a felony charge involving substance abuse? ____ Yes ____ No

21. Has any college, university, or professional school initiated disciplinary action because of conduct, academic performance, or substance abuse? ____ Yes ____ No

22. Has any certifying and/or licensing agency, authority, or board initiated sanctions or disciplinary action including, but not limited to, probation, suspension, withdrawal, or denial because of conduct, professional performance, or substance abuse? ____ Yes ____ No

If the answer is "Yes" to any of the above questions, please explain.

This space is reserved for a recent passport-style photograph. (optional)

23. Please list the courses you will complete during the current school year.

Course #	Title and Name of Course	Credit Hours
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Fall Term: College Name

Spring Term: College Name

Summer Term: College Name

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge. Providing false information can lead to non-acceptance, the nullification of credit and/or dismissal.

Student's Signature _____ Date _____

(Application will not be processed without signature.)

INFORMATION ON RESIDENCY

Are you applying as a WV resident? ____ Yes ____ No If yes, you must complete the following:

COMPLETE THIS SECTION IF YOU ARE CLAIMING RESIDENT TUITION CLASSIFICATION

If you are supported by your parents(s)/spouse, answer each of the following questions as it pertains to **them**. If you are financially independent, check here ____ and answer each of the following questions as it applies to **you**.

Not applicable

Dates of continuous physical presence in West Virginia (month/year)..... ____/____ to ____/____ _____

Date West Virginia Driver's License was first issued (month/year) ____/____ _____

State/license number of car you drive _____

Exact years of West Virginia Motor Vehicle registration ____/____ to ____/____ _____

Date of West Virginia Voter Registration (month/year)..... ____/____ _____

Date of purchase of any West Virginia residential property (month/year) .. ____/____ _____

Dates of employment in West Virginia (month/year) ____/____ to ____/____ _____

Exact years West Virginia income taxes have been filed ____/____ to ____/____ _____

Dates of military service, if applicable (month/year)..... ____/____ to ____/____ _____

Dates of extended absences from West Virginia (month/year) ____/____ to ____/____ _____
(list absences for 6 months or more)

Students who claim a change in classification may be required to file an Application for Classification as a Resident Student with the Office of Admissions and Records.

HOW TO APPLY FOR FINANCIAL AID

This information applies to all aid administered by WVU, including Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Work-Study, and William D. Ford Federal Direct Student Loans. Students desiring to be considered for a WV Higher Education Grant or any of the types of financial assistance mentioned above, must file a Free Application for Federal Student Aid (FAFSA). The FAFSA may be obtained from your high school guidance office or the WVU Financial Aid Office. It should be available in late December for the next academic year. Please complete and mail the FAFSA, after January 1, to the federal processing agency designated in the FAFSA instruction booklet. The FAFSA must be received by the federal processor on or before March 1 for you to receive maximum consideration for financial aid. Applicants filing the required items indicated above, on or before our March 1 deadline, will receive written notification of action taken. Students whose forms are received after March 1 will be placed on a waiting list and will be notified only in the event that assistance is available.

The **Mountaineer Creed** states that it is dedicated to personal and academic excellence:

- As a Mountaineer I will...
- Practice Academic and Personal Integrity
 - Value Wisdom and Culture
 - Foster Lifetime Learning
 - Practice Civic Responsibility and Good Stewardship
 - Respect Human Dignity and Cultural Diversity

In order to become a meaningful member of West Virginia University, and the society in which I live, I dedicate my energy, my talents, and my intellect to these standards of excellence.

PERSONAL COMMENTS

Provide a statement explaining why you wish to be considered for admission to this program.

(NOTE: Students applying to Dental School (D.D.S.) need not complete this section)

(Physical Therapy applicants must complete this section in handwritten form)

It is the policy of West Virginia University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, disability, or national origin. This nondiscrimination policy also applies to all educational programs and activities as they pertain to student admission, employment and other related activities covered under Title IX, which prohibits sex discrimination in higher education. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office of the President, West Virginia University, Morgantown, WV 26506. Telephone (304) 293-5531.

Medical Laboratory Sciences Area of Emphasis Selection Form

Medical Laboratory Science majors must select an Area of Emphasis (AoE) to study during the professional curriculum. During the application process, students may wish to apply to one or both areas of emphasis. However, students can be admitted to only one area. Therefore, should you be admitted to both areas, you will have to select the one that you will study before you begin the program.

Clinical Laboratory Science

The clinical laboratory science area of emphasis is the former medical technology curriculum and focuses on clinical pathology. Education in this AoE includes all aspects of clinical laboratory analysis including test development, performance, and evaluation. Clinical laboratory scientists may work in many areas, including clinical chemistry, hematology, immunohematology, immunology, clinical microbiology, and molecular diagnostics. Practice settings include hospital, clinic, public health, or private clinical laboratories; research, cytogenetic, pharmaceutical, or in-vitro fertilization laboratories; technical or sales representatives for medical manufacturers and suppliers; biotechnology, food, and cosmetic industries and state or federal crime laboratories.

Histotechnology

The histotechnology area of emphasis is a new curriculum that focuses on anatomic pathology. In practice, histotechnologists are responsible for routine and complex procedures on tissue and autopsy sections and the processing of tissue samples for examination and diagnosis by a pathologist. Specialized procedures such as immunohistochemistry, electron microscopy, and immunofluorescence are part of the responsibilities of a histotechnologist.

Please apply my application to the following area(s) of emphasis:

_____ Clinical Laboratory Science

_____ Histotechnology

Name

Date

Medical Laboratory Science Program Essential Functions

In accordance with Section 304 of the 1973 Vocational Rehabilitation Act, the West Virginia University Division of Medical Laboratory Science has adopted minimum technical standards for assessment of all applicants to Medical Laboratory Science.

Because the Bachelor of Science degree in Medical Laboratory Science signifies that the holder has obtained minimum competencies in all applicable areas of the clinical laboratories, it follows that graduates must have the knowledge and skills to function in a wide variety of laboratory situations and to perform a wide variety of procedures.

Candidates for the Bachelor of Science degree in Medical Laboratory Science must have somatic sensation (sense of touch) and the functional use of the senses of vision and hearing. Candidate's diagnostic skills will also be lessened without the functional use of the sense of equilibrium, smell, and taste. Additionally they must have sufficient motor function to permit them to carry out the activities described in the sections that follow. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

A candidate for the Bachelor of Science degree in Medical Laboratory Science, must have abilities and skills including observation, communication, motor, conceptual, integrative, quantitative, behavioral, and social. Technological compensation can be made for some handicaps in certain of these areas but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation.

1. Observation: The candidate must be able to observe demonstrations, procedures and instruments in the basic sciences and clinical courses. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.
2. Communication: A candidate should be able to speak, to hear, and to observe people in order to elicit information and perceive nonverbal communications. A candidate must be able to communicate effectively and efficiently in oral and written form with members of the health care team.
3. Motor: Candidates should have sufficient motor function to perform laboratory procedures. This action requires the coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.
4. Intellectual - Conceptual, Integrative, and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. problem solving requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three dimensional relationships and to understand spatial relationships of structures.

5. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his/her judgment, the prompt completion of all responsibilities, and the development of mature, sensitive relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that should be assessed during admissions and education process.

In its evaluation of applicants to the West Virginia University Medical Technology Program, the Admissions committee will approach each applicant with the following questions in mind. When an applicant does not meet a non-academic standard as defined above, and when this would in the professional judgment of the Committee not satisfy the Medical Technology objectives for the student in performing laboratory procedures, education, and research, such opinion will be documented by the Admissions Committee.

The questions are not designed to disqualify an applicant but rather to give the Admissions Committee more complete information about an applicant's ability to meet these non-academic standards.

1. Is the candidate able to observe demonstrations and perform procedures in the basic sciences and clinical courses?
2. Is the candidate able to analyze, synthesize, solve problems and make judgments about results obtained on patient specimens?
3. Does the candidate have sufficient use of the senses of vision and hearing and somatic sensation necessary to perform medical laboratory procedures?
4. Can the candidate reasonably be expected to communicate the results of laboratory tests to other members of the health care team with accuracy, clarity, and efficiency?
5. Can the candidate reasonably be expected to learn and perform laboratory tests and operate instruments?
6. Can the candidate reasonably be expected to display good judgment in the analysis of laboratory results?
7. Can the candidate reasonably be expected to accept criticism and respond by appropriate modification of behavior?
8. Can the candidate reasonably be expected to possess the perseverance, diligence, and consistency to complete the Medical Laboratory Science major and become a practicing Medical Laboratory Science professional?

Medical Laboratory Science Program Essential Functions Signature Page

I have read the attached Medical Laboratory Science Program Essential Functions and I believe that I am able to accomplish these functions as a student in the West Virginia University Medical Laboratory Science Program.

Signature

Date

Return with Application Form



Medical Laboratory Science Program - RECOMMENDATION FORM

TO BE FILLED OUT BY THE APPLICANT:

Applicant Name: _____

WVU Student Number: _____

I understand my rights under the Family Educational Rights and Privacy Act of 1974, as amended, regarding privacy rights of parents and students pertaining to educational records. By my signature below, I waive the right of access, as provided by law, to any confidential recommendation which the above named individual may submit and which is used solely for the purpose of determining my admission to West Virginia University. I further understand that this waiver is not required as a condition of admission to or receipt of any other service or benefit from any school or college within West Virginia University.

Signature of Applicant

Date

TO BE FILLED OUT BY THE PERSON PROVIDING THE RECOMMENDATION:

If you wish to complete this form electronically and return by e-mail, please contact:
bkirby@hsc.wvu.edu

Name: _____

Position: _____

Address: _____

Phone Number: _____

Signature _____

Date _____

It is very important to complete ALL sections of the form. Unanswered questions may be interpreted by the reviewer of this recommendation as a negative response.

What is your relationship with the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? ___ very well ___ moderately well ___ slightly

Place a check in each box at the point that best describes the applicant.

	Outstanding	Good	Average	Poor	Unsatisfactory	Not Observed
WORK ETHIC Willingness to work Work habits Initiative						
RELIABILITY Dependability Judgment & honesty Perseverance						
COOPERATION Gets along with others Adaptable & agreeable						
LEADERSHIP SKILLS						
COMMUNICATION SKILLS						
MATURITY Emotional control Poise Handle stress						

Please make a statement regarding this applicant's strengths and weaknesses (or write a letter of recommendation that includes such).

Overall recommendation:

Strongly recommended
 Recommended

Recommended with reservations
 Do not recommend

Thank you very much for your help in evaluating this WVU Medical Technology Program applicant.

Please send your evaluation to the following address:

Medical Technology Program
 Admissions Committee
 Robert C. Byrd Health Science Center
 2163-E Health Sciences North
 PO Box 9211
 Morgantown, WV 26506-9211



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Signature of Applicant

Date

TO BE FILLED OUT BY THE PERSON PROVIDING THE RECOMMENDATION:

If you wish to complete this form electronically and return by e-mail, please contact:
bkirby@hsc.wvu.edu

Name: _____

Position: _____

Address: _____

Phone Number: _____

Signature _____

Date _____

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RELIABILITY Dependability Judgment & honesty Perseverance						
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COMMUNICATION SKILLS						
MATURITY Emotional control Poise Handle stress						

Please make a statement regarding this applicant's strengths and weaknesses (or write a letter of recommendation that includes such).

Overall recommendation:

_____ Strongly recommended
_____ Recommended

_____ Recommended with reservations
_____ Do not recommend

Thank you very much for your help in evaluating this WVU Medical Technology Program applicant.

Please send your evaluation to the following address:

Medical Technology Program
Admissions Committee
Robert C. Byrd Health Science Center
2163-E Health Sciences North
PO Box 9211
Morgantown, WV 26506-9211