

# MTIMPM Application Form

8/2024

MTIMPM is an equal opportunity organization and complies with the letter and spirit of federal and state laws which prohibit discrimination based on race, creed, color, religion, national origin, age, sex, marital status, weight, height, handicap, physical or mental impairment or political persuasion. We assure you that your application and information will be treated confidentially.

Application for Program(s): <i>[check all that apply]</i>	Ascension (42 weeks) July		Social Security Number: <i>(the last 5 digits only)</i>		
	Ascension (42 weeks) January				
	DMC (36 weeks) September				
	DMC (36 weeks) January				
	Corewell (46 weeks) January				
	Corewell (46 weeks) July				
<b>Name:</b>					
	(Last)	(First)	(Middle)		
<b>Current Address:</b>					
	(Street)	(Apt)	(City)	(State) (Zip)	
<b>Current Phone:</b>	( )	<b>Current E-Mail Address:</b>			
<b>Permanent Address:</b>					
	(Street)	(Apt)	(City)	(State) (Zip)	
<b>Permanent Phone:</b>	( )	<b>Cell Phone:</b>	( )		
<b>1. Are you 18 years of age or older?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>2. Are you a citizen of the United States?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. If "No" to question 2 above, are you legally authorized to work &amp; remain in the United States permanently?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>4. If "No" to question 2 above, Visa/Passport Number:</b> (Attach a copy of your Visa to this application)					
<b>Note:</b> Hospital-based Medical Laboratory Science Programs are not approved to provide sponsorship for foreign students needing a 'student visa' or immigration through employment.					
<b>LIST ALL Colleges/Universities attended:</b>					
Dates		Institution/Location	Major	Degree	Graduation Date
From	To				
<b>Has your education been continuous other than for vacations?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "No", for any period you were not officially enrolled as a student attach separate sheet & describe your activities &/or employment.					

**LIST work experience:**

Dates		Employer	Title/Responsibilities	Hours/Week
From	To			

**LIST your volunteer experiences, health care related services/activities, educational/professional memberships & affiliations (include any office held):**

Dates		Organization/Responsibilities/ Office Held	Hours/Week
From	To		

**Provide the following additional Background Information:**

Have you ever been convicted of a criminal offense (other than minor traffic violation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", What type of criminal offense?	Misdemeanor <input type="checkbox"/>	Felony <input type="checkbox"/>
If "Yes", attach separate sheet & explain (include dates charged, penalties and current disposition)		
<b>NOTE:</b> Convictions are NOT an automatic disqualification for acceptance into a Medical Laboratory Science Program.		
Have you ever been suspended or discharged from employment? If Yes, attach separate sheet & explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been discharged or suspended from an educational program (including one to meet any certification requirement)? If Yes, explain on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been subject to disciplinary action in an educational program (including one to meet any certification requirement)? If Yes explain on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has there ever been any action/complaint taken against your license in any state? If Yes, attach separate sheet & explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been sanctioned (probation excluded, suspended), been required to pay a fine or penalty, or have you ever been or are currently under investigation by a state, federal or other regulatory authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**MILITARY SERVICE:**

On separate sheet, describe specialized training applicable to hospital/clinical laboratory science environment.

Branch of Military Service:	Dates Served:	Discharge Rank:

Citations/Awards Received:	
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**STATEMENT OF ACKNOWLEDGEMENT**

**READ THE FOLLOWING STATEMENTS BEFORE COMPLETING, DATING AND SIGNING**

Individuals enrolled in a Medical Laboratory Science Program must possess the **Technical Performance Standards/Essential Functions** document identified in the Students section, under Application & Forms, of the MTIMPM web site. (<https://mtimpm.natsci.msu.edu/>).

“Specific academic standards and essential functions required for admission to the program shall be clearly defined, published, and provided to prospective students. There shall be a procedure for determining that the applicants’ or students’ health will permit them to meet the written essential functions of the program.”  
(Taken from: The Essentials of Accredited Educational Programs for the Clinical Laboratory Scientist/Medical Technologist, published by the National Accrediting Agency for Clinical Laboratory Sciences, copyright 2013)

Yes <input type="checkbox"/> No <input type="checkbox"/>	I have read the Technical Performance Standards/Essential Functions.
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Yes <input type="checkbox"/> No <input type="checkbox"/>	I can perform all of the Technical Performance Standards/Essential Functions with or without reasonable accommodations.
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I certify that the facts set forth in my Application and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application will result in immediate discharge at any time thereafter should I be accepted into a Medical Laboratory Science Program. I also consent to and authorize the Medical Laboratory Science Program to contact former and current employers, educational institutions, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also understand that the Medical Laboratory Science Program may, in its sole discretion, conduct a criminal history check. I hereby consent to having a post-offer physical to include mandatory immunization shots, and/or mental examination(s) and/or test(s) including signing a consent form for drug and nicotine testing conducted by a physician or other professional and understand that any offer of a position in a Medical Laboratory Science Program is conditioned upon the results of this examination(s) and/or test(s).

<b>Applicant’s Signature:</b> (unsigned applications will not be accepted; typewritten signature will be considered valid)	Date:
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Before closing this document, please save it to your computer with your **last name in the file name**. Please send the that file with your other application documents. Thank you!

Completed application may be sent to any of the following CLS/MLS Programs:

## **REQUIREMENTS FOR ALL PROGRAMS**

**With this application form you must submit:**

1. Official Transcripts for all institutions you attended.
2. A completed Academic Course Plan.
3. Letters of Recommendation – Advisor, Instructor, Employer (submitted by recommenders).
4. Copy of Passport or Visa if not a U.S. Citizen.
5. See U.S. Procedures for Examination and Certification booklet obtained on the ASCP website.

**DEADLINE DATE FOR ALL APPLICATIONS: August 15**

**Letters of Recommendation submitted by email to Hospital Directors: September 15**

**Interview Completion Date: September 30**

**NOTE:** It is recommended you submit the application 1-2 months prior to the deadline to guarantee your preferred interview date/time. Interviews will be granted even if all recommendation forms have not yet been received.

## **DMC – University Laboratories**

**(Note: September & January Start Dates)**

Bernarda Wroblewski, MS, MT(ASCP)  
Program Director, School of Medical Laboratory Science  
4201 St. Antoine, Room 3D13-UHC  
Detroit, MI 48201  
(313) 745-4912 or (313) 993-0482  
E-mail: [bwroblew@dmc.org](mailto:bwroblew@dmc.org)  
Web Site: [www.dmc.ul.org](http://www.dmc.ul.org)

**ADDITIONAL Application Requirements:**

1. \$10 NON-REFUNDABLE Processing Fee  
Make check/money order payable to: **The Detroit Medical Center**
2. Attach separate sheet for Essay Question.  
In your own words, answer: **Why you want to be a Medical Laboratory Scientist?**

## **Ascension Michigan Laboratory Services**

**(Note: July and January Start Dates)**

Hailey Westrick MS, MLS(ASCP)<sup>CM</sup>, Program Director ([920](tel:9207382128)) 738-2128, [westrih@labcorp.com](mailto:westrih@labcorp.com)  
Amy Kolbe, BS, MLS(ASCP)<sup>CM</sup>, Education Coordinator, [kolbea@labcorp.com](mailto:kolbea@labcorp.com)  
Ascension Michigan Laboratory Services  
19251 Mack Ave. Suite 101  
Grosse Pointe Woods, MI 48236  
313-343-3433; Fax: 313-881-4727  
E-mail: [schoolof.mls@ascension.org](mailto:schoolof.mls@ascension.org)  
Web Site: [ascensionmilab.com/MLSEducation](http://ascensionmilab.com/MLSEducation)

**ADDITIONAL Application Requirements:**

1. \$10 NON-REFUNDABLE Processing Fee  
Make check/money order payable to: **Ascension Michigan School of Medical Laboratory Science**
2. Attach a separate sheet for each Essay Question. In your own words using neat, **LEGIBLE HANDWRITING**, respond to the two statements below. (**Typed essays not accepted**):
  - I. Describe your personal & professional goals. Identify the values that have influenced your development as a person & as a professional.
  - II. Identify the individual(s) & the educational & life experiences that have led you to choose a medical laboratory science career.

## **Corewell Health**

(Note: January and July Start Dates in the new year after the match.)

Nancy Ramirez, MS, MLS(ASCP)<sup>CM</sup> SH<sup>CM</sup>  
Program Director, School of Medical Laboratory Science  
Corewell Health - William Beaumont University Hospital, Royal Oak  
**Clinical Pathology 306-RI**  
3601 W 13 Mile Rd  
Royal Oak, MI 48073-6769

MLS Program Web Site:

<https://www.beaumont.edu/other-education/allied-health/medical-laboratory-science-46-week-program>

Quick Access: Perform a Google search for “Corewell School of Medical Laboratory Science” or [www.beaumont.edu](http://www.beaumont.edu)

### **ADDITIONAL Application Requirements:**

Submit complete, signed application including your preference of start dates along with the following:

1. \$10 NON-REFUNDABLE Processing Fee
  - Make check/money order payable to: **Corewell School of Medical Laboratory Science**
  - Submit payment via U.S. mail to above address -or- hand deliver at the interview.
  - Fee will be waived for Corewell Health employees.
2. Written response (handwritten or typed), in your own words, to the following **Personal Statements**:
  - 1) Describe your reasons for choosing a career in Medical Laboratory Science. Include how and when you made the decision.
  - 2) Describe your personal characteristics and prior work experiences that would support your selection into this program.
  - 3) Describe your study strategies and how you prepare for university course exams.
  - 4) Describe your future plans in the medical laboratory profession if admitted to this program.
  - 5) Describe a difficult situation in your life. How did you handle it and how has it changed you?
  - 6) Please list and describe key laboratory bench skills you learned in your university biochemistry, molecular biology and/or advanced biology classes that would support your application to this program.
  - 7) What are your plans in the event you are not matched with a Beaumont School of Medical Laboratory Science program?

Send Application to: [mlsprogram@corewellhealth.org](mailto:mlsprogram@corewellhealth.org)

Send Transcripts to: [nancy.ramirez@corewellhealth.org](mailto:nancy.ramirez@corewellhealth.org)