



Jersey Shore University Medical Center
Florence M. Cook School of Medical Laboratory Science
1945 Route 33, Box 167
Neptune, New Jersey 07753
732-776-4603

Education office use only:
 Application packet received:

Application for Admission, _____ (Academic Year)

Notice to Applicant: We are pleased with your interest in attending our clinical internship program in medical laboratory science. Please read all instructions of each section carefully. In our efforts to efficiently process your application and to maintain confidentiality, we require applicants to obtain all the required application materials and mail to us in one large envelope. A completed Application Packet includes: this application, two (2) letters of recommendation sealed in separate envelopes, all college transcripts, and a check for the application fee. International students must refer to our website for information on additional application requirements.

Please print or type

Name: _____
(Last Name) (First Name) (Middle Name or Initial)

Permanent Address: _____ Ph#: _____
(Your hometown residence) Street Address

_____ / _____ / _____ Email: _____
City State Zip code

Current/School Address: _____ Ph#: _____
(If different from home address) Street Address

_____ / _____ / _____ Email: _____
City State Zip code

Nearest Relative: _____ Ph#: _____
Name Relation

Address: _____
Street Address City State Zip code

American Citizen: _____ Yes _____ No *If NO, you must provide proof of Permanent Residency with this application.*

Educational Background: List ALL previous and current institutions. If necessary, attach an additional sheet.

College / University	Major & Minor Areas of Study	Years Attended	Graduation Date	Degree

Please obtain official transcripts from each college/university you have attended. Request the institution's Registrar's Office to mail/provide the transcript directly to you. DO NOT OPEN THE ENVELOPE. The sealed envelope should be included with your Application Packet. If an institution refuses to release a transcript to you, please arrange for them to be sent to the address on this application form. (Unofficial transcripts obtained from your academic advisor are permissible, provided they are received in a sealed envelope with the advisor's signature on the envelope flap and on each transcript page.) Foreign students need an additional transcript for evaluation purposes.

Will you be an undergraduate (still enrolled in college) at the start of the Clinical program? ___ YES ___ NO

If YES, College / University: _____
(Include this College/University in above chart, noting date of expected graduation and degree to be received)

Address: _____
Street Address City State Zip code

Academic Advisor: _____ / _____
Name & Title Department / Division

Office Address: _____ Ph#: _____
Street City State Zip Code

If you have NOT received a Baccalaureate degree or are taking classes to meet entrance requirements, list the classes you are currently enrolled in and/or those you plan to enroll in for the next semester:

CURRENT CLASSES	PLANNED CLASSES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTE: Upon completion of this program, you must have received your baccalaureate degree (if you have not already graduated) in order to be eligible for the Board of Certification as a Medical Laboratory Scientist. The Board of Certification requires a **final** college transcript officially stating receipt of a degree. If you have not graduated, you must meet with your advisor and make sure you have met **all** the college/university's requirements for graduation prior to attending this program.

CHOOSE ONE

Upon successful completion of clinical training at the Florence M. Cook School of Medical Laboratory Science I will be receiving my baccalaureate degree.

I have or will receive a baccalaureate degree prior to entrance into the Florence M. Cook School of Medical Laboratory Science.

Signature

Date

Signature

Date

Work/Volunteer Experience: Please supply the information related to your three most recent employers, starting with the most current.

Contact Person (Supervisor) & Organization Name/Address/Phone)	Position & Duties	Dates of Employment or Volunteering

Are you certified in any health care profession(s) (i.e. MLT, EMT, Phlebotomy)? _____ YES _____ NO

If YES, list type(s), date(s) certified, and certification number(s):

Please use the space below to describe your interests, hobbies, and activities other than academics that you enjoy.

Military Service:

Branch: _____ Dates Served: _____ Discharge Rank: _____

Specialized clinical training, citations or rewards received:

Have you ever been dismissed from college for disciplinary reasons? _____ YES _____ NO

Have you ever been convicted of a criminal offense, plead guilty or nolo contendere, court-marshalled from the military, had a sentence suspended or withheld judgement and/or have been convicted of a misdemeanor and/or violation (excluding traffic-related violations unless drug or alcohol related) except those convictions sealed, expunged or set-aside under Federal or State law?

_____ YES _____ NO

If answered YES to either of the above, explain:

Letters of Recommendation: Please include two (2) letters of recommendation. At least one or both from college science instructors and/or an employer or non-family personal reference. There is a Florence M. Cook School of Medical Laboratory Science Program Recommendation Form available for your use.

Essay: Please complete in in your own words and handwriting. Briefly answer the following question.

Why have you selected Medical Technology/Medical Laboratory Science as your career choice?

I understand that Florence M. Cook School of Medical Laboratory Science does not discriminate on the basis of race, age, religion, sex, sexual orientation, marital status, veteran status, national origin, color, creed or handicap in admission or access to, or treatment or employment in, its program or activities. I consent to take a pre-enrollment physical and such future examinations as may be required by the hospital. I hereby authorize investigation of all statements submitted in this application, including consulting other institutions and persons in order to verify any information which may be pertinent to the evaluation of my application. I certify that all submitted statements are true, and I further understand that if I am accepted, any misrepresentation or omission of fact pertinent to admission will be sufficient cause for dismissal.

Signature: _____ Date: _____

- Content list of this application package:
- ___ Application form
 - ___ 2 letters of recommendation
 - ___ Transcript(s) (All Colleges/Universities)
 - ___ Application fee (check or money order: \$75.00)

Mail to: Nancy Jalowski, Program Director SMLS
Jersey Shore University Medical Center
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