Thank you for considering the A.S. Clinical Laboratory Science Program at Mount Wachusett Community College.

This information packet explains the admissions process, as well as the entrance requirements for the A.S. Clinical Laboratory Science Degree. Please read this information carefully. Those who complete the degree become eligible to take the National Certification examination such as MLT (ASCP). Completion of this degree is not contingent upon passing a certification examination.

Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. Applications must be submitted by the April 1st deadline in order to be eligible for review by the Admission Committee.

Monthly information sessions provide program information, the admission process, as well as a tour of a Hospital clinical laboratory.

Please call 978-630-9110 or visit mwcc.edu for more information and dates of information sessions.

Application Deadline

April 1st

HOW TO APPLY:

Applicants must submit the following information to the Office of Admissions by the application deadline:

- A completed CLS Admission Form.
- **Verification of completion of high school** or equivalency. Current high school student must submit a high school transcript. Education completed outside the U.S. must be officially translated/evaluated for high school equivalency. Agencies can be found at www.naces.org.
- **Official transcripts of all college-level courses completed**. Transfer credits for education completed outside of the U.S. must be evaluated for equivalency. Agencies can be found at www.naces.org.
- **All pre-requisite courses must be completed**. Course equivalents from other colleges must have been evaluated by the Chairperson of the CLS Department.
- Documentation demonstrating that all minimum requirements for consideration have been met, including attendance at an information session, and completion of science courses on or after April 1, 2009.
- **Two letters of recommendation** are required from those who know your potential for success in this field of study.
- **A writing sample** in the form of a reflective writing on the laboratory tour component of the mandatory information session.
- **Documentation of employment or volunteer service** (if any) related to laboratory science.
MWCC COURSES OR EQUIVALENT

English Proficiency:
Complete ENG101 & ENG102

Math Competency:
Complete MAT126 or higher with a C+ or greater if taken before Fall, 2013.
Complete MAT134 or higher with a C+ or greater if taken Fall, 2013 or later.

Science Requirement:
• Completion of (BIO204, BIO205, CHE203, and (PBL101 or PBL102, CLS103 and CLS104) or (CLS103 and CLS105) with a grade of C+ or greater (completed within the last five years).
• Educational plan as documented with CLS Department Chairperson indicating that all requirements will be satisfied prior to the start of the clinical year.

SPECIAL PROGRAM REQUIREMENTS PRIOR TO ENROLLMENT IN ANY CLS PREFIX COURSE

1. Health examination conducted within the past two years by a licensed healthcare provider.
2. Proof of current immunizations (DPT, MMR, Varicella, Hepatitis B series with follow-up TITRE and TB screening) must be provided to the Health Office. Contact the health office, ext. 136 for more information.
3. Liability Insurance of $1,000,000/$3,000,000 coverage is required. Students will be covered under the college's liability insurance policy, which will be billed through student fees.
4. Completion of CORI form every six months.
5. Attendance at a CLS information session.

TECHNICAL STANDARDS

Students entering the CLS program must be able to demonstrate the ability to:

1. Comprehend textbook material at a college level.
2. Communicate and assimilate information either in spoken, printed, signed, or computer voice format.
3. Gather, analyze, and draw conclusions from data.
4. Stand for a minimum of two hours.
5. Walk for a minimum of six hours, not necessarily consecutively.
6. Stoop, bend, and twist for a minimum of 30 minutes at a time and be able to repeat this activity at frequent intervals.
7. Differentiate colors as assessed by standard color blindness evaluation.
8. Differentiate by touch, hot/cold, wet/dry, hard/soft.
9. Use small muscle dexterity necessary to do such tasks as gloving, gowning, and operating controls on machinery.
10. Respond to spoken words, monitor signals, instrument alarms.
11. Identify behaviors that would endanger a person's life or safety and intervene quickly in a crisis situation with an appropriate solution.
12. Remain calm, rational, decisive, and in control at all times, especially during emergency situations.
13. Exhibit social skills appropriate to professional interactions.
14. Maintain cleanliness and personal grooming consistent with close personal contact.
15. Function without causing harm to self or others if under the influence of prescription or over-the-counter medication.

Students are expected to meet the technical standards for enrollment in college selective programs. In some cases, assessment and developmental courses may help students meet these standards. Technical standards must be met with or without accommodations. The college complies with the requirements of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. Therefore, the College will make a reasonable accommodation for an applicant with a disability who is otherwise qualified.

PROGRAM COMPETENCIES

Upon graduation from this program students shall have demonstrated the ability to:

1. Procure laboratory test samples in an efficient, timely, and safe manner.
2. Produce accurate laboratory test results within acceptable limits of quality control.
3. Correlate and interpret laboratory test data.
4. Disseminate laboratory test information to clinicians in a timely manner.
5. Consult with more experienced team members when necessary.
6. Exhibit knowledge of laboratory tests and standards.
7. Exhibit basic knowledge of professional ethics, laws and regulations.
8. Demonstrate continued competency in the field at least annually.
9. Maintain membership in a professional organization.
11. Actively participate in continuing education.

ACCREDITATION

The CLS program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Road, Ste. 720, Rosemont, Illinois 60018, 773-714-8880.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

As in any healthcare environment, students in Healthcare Programs may have risks of exposure to infectious diseases. Our Healthcare Programs adhere to all state and federal regulations to reduce the risk of health care associated infections. CLS tasks may pose a risk of injury from repetitive motion. Individuals who disclose the presence of blood borne infectious diseases will be shown the same consideration as non-infected individuals and will be offered reasonable accommodation. Information regarding health status of an individual is considered confidential, and protected by the Family Education Rights and Privacy Act of 1974.
ATTENDANCE INFORMATION

Name: ___________________________________________ Last Name: ____________________________ First Name: ____________________________ MI: ____________________________ Previous Last Name: ____________________________

Social Security Number: ___________-____-_________ Email: ____________________________

Mailing Address: ___________________________________________ Street & Apt. # or P.O. Box: ____________________________ City: ____________________________ State: ____________________________ Postal/Zip Code: ____________________________

Permanent Address: ___________________________________________ Street & Apt. #: ____________________________ City: ____________________________ State: ____________________________ Postal/Zip Code: ____________________________

Phone Numbers: Home: ____________________________ Cell: ____________________________ Work: ____________________________

Gender: [ ] Male [ ] Female Date of Birth: ________/______/______


[ ] I am a U.S. Citizen
[ ] I am a Permanent Resident. Must provide Alien Registration Number ____________________________
[ ] I am a Lawful Immigrant. Must provide work authorization documentation.
[ ] I am a Non-Citizen. My current status is: (check all that apply)

[ ] In the country with a (presentation of current visa required): [ ] visitor visa [ ] student visa [ ] other

[ ] I wish to obtain a student visa (Must submit International Student Application with additional documentation)

I plan to begin classes: [ ] Fall, Sept. ______(Yr.) [ ] Spring, Jan. ______(Yr.) [ ] Summer, May ______(Yr.) or [ ] July ______(Yr.)

Have you ever attended/applied to Mount Wachusett Community College? [ ] yes [ ] no

If applied only, in what year? ____________________________ If attended, last year of attendance: ____________________________

PERSONAL INFORMATION

Ethnic Background: Do you identify yourself as: [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:

[ ] American Indian or Alaskan Native
[ ] Asian
[ ] Black or African American
[ ] Cape Verdean
[ ] Native Hawaiian or Pacific Islander
[ ] White

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Military Service (important to assist with determining possible eligibility for education benefits):

[ ] Member of the armed forces on active duty
[ ] Member of the armed forces (or spouse/unemancipated child) on active duty in MA.
[ ] Member of the National Guard/Reserve
[ ] Military Veteran

Emergency Contact Person: Name: ___________________________________________ Relationship to the Applicant: ___________________________________________

Address: ___________________________________________ Street & Apt. #: ____________________________ City: ____________________________ State: ____________________________ Postal/Zip Code: ____________________________ Phone: ___________________________________________

Continued >
EDUCATION INFORMATION

Have you been awarded your high school diploma or GED certificate?  □ yes  □ no
If yes, you must provide the following information: I have a: (check one)
□ High School Diploma  □ GED Certificate  □ Certificate of Completion  □ Home School Diploma

Name of High School/Home School/Testing Center: ______________________ Location: ______________________

Date Awarded (month/yr): ____________ / ____________ (documents awarded outside of the U.S. must be evaluated to meet U.S. standards) City State

If no, select and complete one of the following:
□ I am a current high school/home school student at ___________________________ intend to graduate ____________ / ____________

□ I am not a high school student and do not have my GED

Have you completed courses at a college other than MWCC?  □ yes  □ no (if no, move to “Residency Information”)

What is your highest level of college completed?
□ Completed some college  □ Associate Degree  □ Bachelor Degree’s  □ Master Degree  □ Doctor’s Degree  □ Certificate or Degree from MWCC

Please list all colleges you have attended (other than MWCC):

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State</th>
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RESIDENCY INFORMATION (Required by all applicants)

Please select one of the following:
□ I have lived in Massachusetts continuously since: (Month/Year) ____________ / ____________
If less than (6) months, previous state of residence: ____________________________
□ I do not live in Massachusetts. Current state of residence: ____________________________
□ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.
□ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.
□ I do not reside in Massachusetts, but have a parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)
□ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

□ Valid Driver’s License  □ Utility Bills*  □ Employment Pay Stub*  □ Valid Car Registration
□ Voter Registration*  □ State/Federal Tax Returns*  □ Mass. High School Diploma  □ Signed Lease or Rent Receipt*
□ Military Home of Record*  □ Record of Parents’ Residency for Unemancipated Person*
□ Other

SIGNATURE

I hereby apply to MWCC. I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

Applicant Signature  Date

Parent or Guardian Signature  Date
(Required if applicant is under the age of 18 at time of application)

Mount Wachusett Community College

Office use only:  Date Received:
Two recommendations (including both pages of this recommendation form) are required.

Complete the top portion of this form, sign it, then send both pages (pages 5 and 6 of this packet) to the recommender with a stamped envelope addressed to:

Office of Admissions - MWCC, 444 Green Street, Gardner, MA 01440

I am applying for the Clinical Laboratory Science program entering Fall of 2014. I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements:

☐ I hereby WAIVE my right of access to this recommendation.
☐ I DO NOT WAIVE my right of access to this recommendation.

Applicant Name: ____________________________________________________________________________________________________________

Last Name                         First Name             Middle Initial                  Previous Last Name
_____________________________________________________________________________________________________________________________

Applicant Signature          Date

To the Recommender: The individual named above has applied for admission to the MWCC Clinical Laboratory Science program. We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of a healthcare team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant’s qualifications. Please complete the attached evaluation form or write a letter.

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above and matriculates, the student will be permitted to review this reference upon request.

Acquaintance with Applicant
How long and in what context have you known this applicant? ________________________________________________________________

Comments
Please add any descriptive comments that will aid in providing a complete picture of the applicant’s abilities and potential as a student and healthcare professional. Use an extra sheet if needed.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

September 2014
# Personal and Professional Appraisal

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being superior and one being poor. If you have no basis for evaluation in any category, please check “No Basis.”

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<tr>
<th>Characteristics</th>
<th>Superior</th>
<th>Poor</th>
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<td>5</td>
<td>4</td>
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<tr>
<td>Academic Potential</td>
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<td>Leadership</td>
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<td>Technical Laboratory Skills</td>
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<td>Sense of Responsibility</td>
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<td>Ability to Work with People</td>
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<td>Motivation for this Career in this Field of Study</td>
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<td>Ability to Adapt to New Situations</td>
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<td>Ability to Work Independently</td>
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<td>Reliability</td>
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<td>Problem Solving Ability</td>
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<td>Works With Attention to Detail</td>
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<td>Able to Multi-task</td>
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<td>Integrity (honesty, transparency, etc.)</td>
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## Recommendation

- [ ] Strongly Recommend  
- [ ] Recommend  
- [ ] Recommend with Reservations  
- [ ] Do Not Recommend

If “with Reservations” please explain.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Professor/Supervisor Signature: ___________________________ Date: ___________________________

**Professor/Supervisor Name:**
First Name: ___________________________ Last Name: ___________________________

**Position or Title:** ___________________________

**Organization:** ____________________________________________________________ **Address:** ___________________________________________________________

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status. To learn more about all of MWCC’s academic programs and gainful employment information, please visit mwcc.edu/programs.
Name: ____________________________________________________________

Last Name                         First Name             Middle Initial                  Previous Last Name

MWCC Student ID (if known)________________________Social Security Number:___________ - ___________ - ___________

Healthcare Or Related Field Experience:
List employment/volunteer with the most recent positions first. Attach additional sheets if necessary. (Resumes are acceptable.)
 Does not apply

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<th>Employer/volunteer organization</th>
<th>Position or Certification</th>
<th>Dates from/to</th>
<th>Supervisor Name &amp; Phone No.</th>
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I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.

Applicant Signature              Date               Parent or Guardian Signature (if applicant is under 18)    Date