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). Graduates of the CLS program will be eligible to take the national certification exam.

Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. On rare occasions, expected clinical placement opportunities might not be possible due to unforeseen circumstances at the clinical site. In that case, the program director will do their best to secure alternate training, but completion of the rotation schedule within the two semester timeframe of the clinical year cannot be guaranteed.

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.

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 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 naces.org.

- All pre-requisite courses must be completed or in progress. 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, 2010.

- Two letters of recommendation are required from those who know your potential for success in this field of study. At least one must be from a laboratory course or work in a lab.

- 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 or healthcare.
PREREQUISITE MWCC COURSES OR EQUIVALENT

English Proficiency:  
Complete ENG101 with C+ or greater

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 before Fall, 2014.  
Complete MAT143 or higher with a C+ or greater if taken before Fall, 2014.

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, chicken pox TITRE and TB screening) must be provided to the Health Office. Contact the health office for more information at 978-630-9136.
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.

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 healthcare 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: ________________________________  First Name: __________________________  MI: ____________  Previous Last Name: ________________________________

Social Security Number: ____________ - ____________ - ____________  Email: ________________________________

Mailing Address: ________________________________  Street & Apt. #: __________________________  City: __________________________  State: ________  Postal/Zip Code: ________


Phone Numbers: Home: __________________________  Cell: __________________________  Work: __________________________

Gender: □ Male  □ Female  Date of Birth: ___/___/____

Citizenship (REQUIRED): Country of Birth ________________________________  Country of Citizenship ________________________________

□ 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 applied to MWCC? □ yes  □ no  Have you attended classes? □ yes  □ no

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 □ Asian  □ Black or African American  □ White  □ Alaskan Native  □ Cape Verdean  □ Native Hawaii or Pacific Islander

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: __________________________
EDUCATION INFORMATION

Have you been awarded one of the following: ☐ High School Diploma ☐ HiSET (GED) Certificate ☐ 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 you do not have one of the above items, select and complete one of the following:

☐ I am a current high school, home school, HiSET (GED) student at ____________________________ with intent to graduate _______/______

☐ I am not a high school student or do not have my HiSET (GED) certificate.

Have you completed courses at a college other than MWCC? If so, what is your highest level of college completed?

☐ Completed some college ☐ Associate Degree ☐ Bachelor Degree’s ☐ Master Degree ☐ Doctor’s Degree ☐ Certificate

Please list all colleges you have attended:

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

Office use only: Date Received: ____________________________
A.S. Clinical Laboratory Science
Employment/Volunteer Form

Name: ____________________________________________  __________________________

Last Name                         First Name             Middle Initial                  Previous Last Name

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

Healthcare or Laboratory Experience:
List employment/volunteer with the most recent positions first. Attach additional sheets if necessary. (Resumes are acceptable.)

☐ Does not apply

<table>
<thead>
<tr>
<th>Employer/volunteer organization</th>
<th>Position or Certification</th>
<th>Dates from/to</th>
<th>Supervisor Name &amp; Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ________________

September 2015
A.S. Clinical Laboratory Science
Application & Information Packet

Application for Entrance: September 2015

Contact & Campuses

Office of Admissions
Tel: 978-630-9110
Fax: 978-630-9554
Email: admissions@mwcc.edu
Web: mwcc.edu/admissions

Financial Aid Office
Tel: 978-630-9169
Fax: 978-630-9459
Email: financialaid@mwcc.mass.edu
Web: mwcc.edu/financial

Student Accounts Office
Tel: 978-630-9386
Fax: 978-630-9459
Email: bursar@mwcc.mass.edu
Web: mwcc.edu/student-accounts

Gardner
444 Green Street
Gardner, MA 01440
978-630-9110

Devens
One Jackson Place
27 Jackson Rd.
Devens, MA 01434
978-630-9569

Leominster
100 Erdman Way
Leominster, MA 01453
978-630-9810

Fitchburg (Dental Only)
326 Nichols Road
Fitchburg, MA 01420
978-878-8564

Mount Wachusett Community College
Two recommendations (including both pages of this recommendation form) are required.

Complete the top portion of this form, sign it, then send both pages 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 2015. 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 2015
### 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.”

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

### 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.
Two recommendations (including both pages of this recommendation form) are required.

Complete the top portion of this form, sign it, then send both pages 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 2015. 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.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
### 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.”

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

### 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.