

## Bronx Community College Medical Laboratory Technician Program

### **Application for Admission to the MLT Program**

2155 Martin Luther King, Blvd. ME 513

Bronx, NY 10453

718-289-5536

#### **PERSONAL DATA**

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Name (Last, First, Middle) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

#### **EDUCATIONAL RECORD**

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High School \_\_\_\_\_ Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

*Indicate all post-secondary education institutions attended (attach additional lines if necessary)*

1. College/University \_\_\_\_\_

City/State of Institution \_\_\_\_\_

Degree Received/Anticipated \_\_\_\_\_

Attendance Dates \_\_\_\_\_ GPA \_\_\_\_\_

2. College/University \_\_\_\_\_

City/State of Institution \_\_\_\_\_

Degree Received/Anticipated \_\_\_\_\_

Attendance Dates \_\_\_\_\_ GPA \_\_\_\_\_

I have earned my BS/BA degree in \_\_\_\_\_ (field of study) in \_\_\_\_\_ (year) or I will earn my BS/BA degree from \_\_\_\_\_ after completing the BCC MLT Program.

#### **COURSE WORK**

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*Please list any Biology, Math, English or Chemistry courses you have taken that are applicable to the MLT program. Please attach another page if additional room is needed in each category.*

Course No.	Date completed or will be completed	Grade
College English		
College Algebra & Trigonometry (or its equivalent – Pre Calculus)		
General Chemistry I		
General Biology I		

Current GPA: \_\_\_\_\_

## EMPLOYMENT HISTORY

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*List your current employer. Please list and attach additional employers if needed.*

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Average hrs/wk \_\_\_\_\_

Title/duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**ADDITIONAL INFORMATION** *(Any extracurricular or volunteer activities that may interfere with taking courses).*

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**SELF-ASSESSMENT** *(Please respond to each of the following questions with 3-5 sentences)*

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1. How did you first learn of the Medical Laboratory Technician or Clinical Laboratory Scientist profession?

2. What specifically attracts you most to the profession?

3. What personal, positive qualities do you have that you feel would be an asset to you in this profession?

4. Where do you see yourself in the next 5 years?

5. Do you prefer direct patient interaction or behind the scenes work? Why?

**For Office Use Only:**

**Application Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Admission decision: (Circle One):**    **Admitted**    **Not Admitted**

**Rationale for decision:**