

**Bronx Community College Medical Laboratory Technician Program**

**Bio 90: Clinical Internship Application**

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 \_\_\_\_\_

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 all the courses you have or will have taken before entering the training program. Please write on the back if additional room is needed in each category.*

Course No.	Date completed or will be completed	Grade
Bio 28: Microbiology and Infection control (4 credits)		
Bio 44: Diagnostic Microbiology (4 credits)		
Bio 81: Introduction to Medical Laboratory Technology (2 credits)		
Bio 82: Clinical Hematology and Coagulation (4 credits)		
Bio 83: Clinical Chemistry (4 credits)		
Bio 85: Immunology/ Serology (2 credits)		
Bio 86: Immunoematology (3 credits)		
Bio 87: Urinalysis and Body Fluids (2 credits)		
Bio 90: Clinical Internship (4 credits)		

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 \_\_\_\_\_ Average hrs/wk \_\_\_\_\_  
Title/duties \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment \_\_\_\_\_

**ADDITIONAL INFORMATION** (Any extracurricular or volunteer activities that may interfere with the internship)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Internship**

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*The Bronx Community College Medical Laboratory Technician Program will be affiliated with the following New York State hospitals. Please check your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for hospital rotations in the fall and spring semesters. Because we have multiple students applying from various communities, there is no guarantee your choices will be possible but we will do our best to place you where you would like.*

Name \_\_\_\_\_ EMPID: \_\_\_\_\_  
Semester: (check one) \_\_\_ Spring; \_\_\_ Summer; \_\_\_ Fall  
\_\_\_ Bronx Lebanon Hospital Center Bronx, NY  
\_\_\_ Jacobi Medical Center Bronx, NY  
\_\_\_ Lincoln Medical and Mental Health Center Bronx, NY  
\_\_\_ Harlem Hospital Center Manhattan, NY  
\_\_\_ St. Barnabas Hospital Bronx, NY  
\_\_\_ Brookdale Medical Center, Brooklyn, NY  
\_\_\_ Veterans Affairs Hospital, Bronx, NY

I, ( \_\_\_\_\_ ) acknowledge that the clinical internship rotation is Monday – Friday from 8/9am – 4/5pm for 15 weeks. I understand that this schedule may negatively impact my external employment responsibilities. I am committing to complete the internship in its entirety within the semester given.

Signature \_\_\_\_\_ Date \_\_\_\_\_