

Phoenix College
2019-2021 Medical Laboratory Science Program Application
Associate in Applied Science in Medical Laboratory Science Program

Submission Due Date: **4 pm September 6, 2019**

We appreciate your interest in the Medical Laboratory Science Program at Phoenix College.

Follow this checklist carefully to ensure that your application and documentation are complete and in order for the selection committee.

It is the applicant's responsibility to verify that the application is complete. An adviser may not be able to meet with every student and is NOT responsible for verifying the completeness of the application.

The following items must be submitted with this packet for the application to be processed and the applicant to be considered for admission to the program:

- Completed Medical Laboratory Science Program Application
 - Unofficial high school/college transcript showing completion of prerequisite course work or signed waiver for prerequisites by program director (requires upload)
- Completed Critical Thinking Essay Questions
- Completed Health and Safety Documentation Proof with copies of actual immunization records or laboratory titer results as supporting documentation of: (all require upload)
 - Proof of 2 MMR vaccinations *or* proof of positive titers for Measles, Mumps, and Rubella
 - Proof of 2 Varicella vaccinations *or* proof of positive titer for Varicella (history of chickenpox is not sufficient)
 - Proof of one-time Tetanus (Tdap) vaccination and Td booster if 10 years or more since Tdap vaccination, completed after June 1, 2011
 - Proof of 2-step TB skin test consisting of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test within the last 6 month *or* negative chest x-ray completed after August 1, 2019 (Quantiferon test within the last 6 months is acceptable)
 - Proof of 3 Hepatitis B vaccinations *or* proof of positive titer for Hepatitis B or Hepatitis B Vaccination Declination Form (optional) (declination can be found on the Phoenix College MLT program website)
 - Completed and signed *Health and Safety Declaration Healthcare Provider Form*– signed after August 1, 2019 (If you have not completed this form, please complete it before continuing with your application. Forms can be found on the Phoenix College MLT program website.)
 - Photocopy of front and back of current CPR card BLS level for the Health Care Provider, through an American Heart Association approved hands-on training program – must be valid through June 1, 2021
 - Photocopy of current valid Level 1 Fingerprint Clearance Card (**both sides of the card**), must be valid through June 1, 2021
- 2019-2021 Medical Laboratory Science Program Schedule (this form is within this application)
- Initialed "Essential Functions" statements (this form is within this application packet)
- Additional Information and Requirements for Acceptance into the Medical Laboratory Science Program
- Information for If you are Accepted Conditionally into the Medical Laboratory Science Program
- Acknowledgement of MCCC Background Check Requirements form (this form is within this application)
- Completed reference form, to be emailed separately by reference (This form can be found on the Phoenix College MLT Program website)

* I have completed this form and attached all of the required documentation listed above.

If you have any questions about this process please contact Advisement at (602) 285-7777.

ALL DOCUMENTATION MUST BE SUBMITTED AT THE SAME TIME, excluding the reference letter. NO PARTIAL PROGRAM APPLICATION WILL BE ACCEPTED. THE COLLEGE DOES NOT GUARANTEE ALL APPLICANTS TO BE ACCEPTED INTO THE MEDICAL LABORATORY SCIENCE PROGRAM DUE TO LIMITATIONS OF CLINICAL PLACEMENTS AND ACCREDITATION RESTRICTIONS.



Medical Laboratory Science

2019 - 2021 Program Application

Applications must be submitted by 4pm September 6, 2019

Last Name: * First Name: * Middle Name:

Former Name(s):

Student ID Number: * Phone Number:
(starts with a 3)

Mailing Address: *

City: * State: * Zip:

Email Address: *

Please provide an email address that you check regularly. Correspondence regarding the program will be sent to the email address you provide above.

Have you previously applied for the Medical Laboratory Science program at Phoenix College? *

Are you a legal Arizona resident as defined in the Phoenix College catalog? *

Equal Opportunity Statement

Phoenix College, one of the Maricopa Community Colleges, does not discriminate on the basis of race, color, gender, national origin, religion, handicap or age in application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

Education - List each college attended

COLLEGE - PRINT FULL NAME	CITY AND STATE	Dates attended (from MM/DD/YYYY)	Dates attended (to MM/DD/YYYY)

Check each level of education you have completed:

GED High School Diploma AA Degree Other *Please specify:*

Transfer coursework and credits

Complete **EACH** of the following steps to ensure that you receive proper credit for coursework transferred from other institutions:

Submit the following to: Phoenix College
Admissions & Records
1202 W. Thomas Road
Phoenix, AZ 85013

1. Phoenix College Student Information Form (application), if not currently enrolled.
2. Official transcripts from all colleges and universities must be sent directly from issuing institution(s) and officially evaluated by the Phoenix College Office of Admissions and Records at the written request of the student as follows:

STEP 1: Contact those colleges or universities requesting that your official transcripts be sent to Phoenix College Admissions and Records Office. There may be a charge for official transcripts.

STEP 2: After 3 to 4 weeks, check with Phoenix College Admissions and Records Office at 602-285-7500 to verify arrival of all transcripts. If transcripts have not been received, contact the former institutions.

STEP 3: (This step does not apply to schools within the Maricopa Community College District)

- Complete Transcript Evaluation Request Form and submit it to the Office of Admissions and Records.
- Official evaluation of your credits will be made **AFTER** all transcripts have been received.
- Following 3 to 5 weeks from the date that your last transcript has been received, you will receive a copy of the evaluation. Courses considered freshman level (numbered 100 or above) and grades of "C" or better may be transferred. Only credits from regionally accredited college(s) identified in the college catalog will be evaluated. If you have questions about this report, please contact your advisor.

STEP 4: If you did not receive credit for a specific prerequisite or co-requisite, you may have to provide a course description for review by Admissions and Records. ****Please note - courses MUST be officially evaluated to be considered for transfer credit****

International Transcripts

Please contact the Admissions and Records Office for evaluation of transcripts from institutions outside the United States.

* I understand it is my responsibility to ensure that I receive proper credit for coursework transferred from other institutions. If I do not receive credit for specific courses, I may not be admitted to the program.

Prerequisite Course Work

1. All prerequisite courses and all general education requirements must be completed and grades posted prior to the Medical Laboratory Science Program application due date, September 6, 2019. **Unofficial transcripts must accompany the application.**
(The Humanities & Fine Arts and Social & Behavioral Sciences required courses may be in progress at time of application, but must be completed with a grade of C or better by December 6, 2019.)

2. Only those grades completed and posted by the application deadline date will be considered for evaluation.

3. All courses must reflect a grade of "C" or better.

Prerequisite and General Education Courses must be completed prior to submitting a program application

Course		Grade	College	Date Completed
HCC 130	Fundamentals in Health Care Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCC 145 AA	Medical Terminology I <i>or comparable course</i> (HCC145 or HCC146) specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO160	Introduction to Human Anatomy & Physiology or BIO201 or BIO202	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAT 140	College Mathematics or higher level math specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHM 130 and CHM 130 LL	Fundamental Chemistry <i>and</i> Lab or higher level chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENG101 or 107	First Year Composition	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENG102 or ENG 108 or ENG 111	First Year Composition	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM100 or 110 or 225 or 230	Communication <input type="text"/> specify course:	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRE101	Critical & Evaluative Reading I or exempt by assessment or exempt by degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO 181	General Biology (Majors) I	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO 205	Microbiology	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Humanities & Fine Arts – any approved course specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social & Behavioral Sciences – any approved course specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Upload unofficial transcripts for all completed prerequisite courses:

The chemistry, biology, anatomy and physiology, and math courses must have been completed within the last 8 years.

HCC130 and HCC145AA may be waived for students with 2 years of documented healthcare experience with prior written Program Director approval. CRE101, HCC130 and HCC145AA may be waived for students who have completed an Associate of Applied Science degree or higher degree in a health science discipline from a regionally accredited institution of higher education recognized by the Maricopa Community College District with prior written Program Director approval.

Unofficial Transcript Upload (required):

Upload Waiver documentation here:

Critical Thinking Essay Questions

Please respond to each of the following essay questions in 2-4 sentences. It is expected that every student will produce his/her original, independent responses. Any student plagiarizing any response may be reported for disciplinary action, which will adversely impact your application for the program. For your protection, please avoid even the appearance of academic dishonesty. Responses will be evaluated for content and spelling/grammar.

Essay Question 1

This is a hybrid program. Define hybrid and explain what this means to you. What do you think this means in terms of your learning? How do you plan to manage your time and learning given this format?

Essay Question 2

How do you balance working/learning independently and collaborative learning (working/learning/studying with other students)? What is your responsibility in maintaining this balance?

Essay Question 3

Describe your understanding of the field of medical laboratory science. Do you have any experience in the field of medical laboratory science (including phlebotomy or laboratory assisting)? Identify 5 skills important in the field of medical laboratory science and how you possess these skills.

Health and Safety Documentation Proof

You must upload PROOF of your immunizations in the form of immunization records or laboratory titer results.

Applications submitted without medical record proof of immunizations, CPR card, fingerprint clearance card, and physician release via signature will not be accepted.

		Upload Files Containing Required Documentation: Immunization Records or Laboratory Titer Results
Measles, Mumps, Rubella (MMR)	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of MMR vaccination on separate dates at least 28 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the MMR series with two (2) additional immunizations and provide appropriate documentation.	
Varicella (VZ)	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of Varicella vaccination 30 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the Varicella series with two (2) additional immunizations and provide appropriate documentation. History of chickenpox is NOT sufficient proof of immunity	
Tetanus – Td or Tdap	Documentation of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination.	
Tuberculosis	Two-Step TB Skin Test consisting of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test within the last 6 months, including date given, date read, and name and signature of the healthcare provider, OR Negative Two-Step TB Skin Test and annual testing within the last 6 months OR Negative chest X-ray and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire. OR Documentation of a negative result from an IGRA test (Quantiferon, T-Spot) within the last 6 months	
Hepatitis B	Proof of immunity through serologic testing (positive HbsAB titer) OR documentation of three (3) doses of Hepatitis B vaccination (an initial injection followed by a second injection given 1 or 2 months after the first dose and a third injection 4 to 6 months after the first) OR signed declination which can be found at the Phoenix College MLT Program website	
Health Declaration Statement	Completion of the Health and Safety Declaration Healthcare Provider Form signed by a physician (M.D. or D.O., Nurse Practitioner, or Physician's Assistant) The form can be found at the Phoenix College MLT Program website Upload a scanned version of the completed form.	
CPR card	Healthcare Provider CPR card issued by the American Heart Association. All Health Science Programs require American Heart Association Healthcare Provider or BLS level CPR certification. This certification includes training for adult/Child/Infant CPR, choking, AED, and one- and two-man rescuer. Please be sure to verify with the trainer that the course you take satisfies these requirements. Courses that do not have a demonstration component will not be accepted. Examples would be cards received on the internet that do not have an in-person skills review. A fully online CPR course will NOT be accepted. Provide a photocopy of the front and back of the signed card. The card must be valid throughout the duration of the program.	
Level 1 Fingerprint Clearance Card	Issued by the Arizona Department of Public Safety. Provide a photocopy of the front and back of the card. The original Fingerprint Clearance Card will be to be presented and validated prior to course registration by advisement. The card must be valid throughout the duration of the program.	
Additional Documentation	If there is any additional documentation that you would like to upload, please do so here:	

2019-2021 Medical Laboratory Science Program Schedule

In order to successfully complete the Medical Laboratory Science (MLT) program, you must indicate that you understand the clinical schedule you will be required to participate in.

Clinical hours must be completed during the dates/times listed, evening/weekend hours are not available. However, the actual start times may vary and are determined by the individual clinical site.

*****If your availability for clinical externship does not fall into the below dates and times, you will not be able to be placed in a clinical externship, and will be removed from the Medical Laboratory Science (MLT) Program. *****

* I understand the above statement.

COURSES AND DATES

- MDL190 – Clinical Laboratory Operations (2 credits)
December 6, 2019– January 10, 2020
- MDL240 – Clinical Urinalysis and Body Fluids (3 credits)
January 13, 2020 – February 7, 2020
- MDL242 – Clinical Hematology and Hemostasis (6 credits)
February 10, 2020 – April 3, 2020
- MDL244 – Clinical Immunohematology and Immunology (6 credits)
April 6, 2020 – May 15, 2020
- MDL252 – Clinical Preparation Course I (0.5 credits)
May 18, 2020 – May 22, 2020 ***Course runs Monday-Friday, 8am-4:30pm***
June 8, 2020 – June 12, 2020 ***Course runs Monday-Friday, 8am-4:30pm***
- MDL241 – Practicum: Clinical Urinalysis and Body Fluids (1 credit)
May 26, 2020 – August 14, 2020
- MDL243 – Practicum: Clinical Hematology and Hemostasis (1 credit)
May 26, 2020 – August 14, 2020
- MDL245 – Practicum: Clinical Immunohematology and Immunology (1 credit)
May 26, 2020 – August 14, 2020
- MDL246 – Clinical Microbiology (6 credits)
August 17, 2020 – October 9, 2020
- MDL248 – Clinical Chemistry (6 credits)
October 12, 2020 – December 4, 2020
- MDL263 – Clinical Preparation Course II (0.5 credits)
December 7, 2020 – December 18, 2020 ***Course runs Monday-Friday, 8am-4:30pm***
- MDL247 – Practicum: Clinical Microbiology (1 credit)
January 4, 2021 – May 7, 2021
- MDL249 – Practicum: Clinical Chemistry (1 credit)
January 4, 2021 – May 7, 2021
- MDL291 – Medical Laboratory Science Program Capstone (1 credit)
January 4, 2021 – April 19, 2021

Classes are hybrid courses, with the majority of the coursework online, and in-person sessions scheduled on Fridays from 8:00am-4:00pm. Clinical rotations (practicums) are 40 hours per week scheduled during day shift hours, Monday through Friday.

* I understand the dates of the program.

Essential Functions

Medical Laboratory Sciences Essential Functions

A student must be able to perform the following essential requirements to complete the activities necessary to participate in the Medical Laboratory Sciences program:

1. Characterize the color, consistency and clarity of biological specimens or reagents.
2. Employ a clinical grade binocular microscope to discriminate among fine differences in structure and color (hue, shading, and intensity) in microscopic specimens.
3. Read and comprehend (English) text, numbers and graphs displayed in print and on a video monitor.
4. Move freely and safely about a laboratory.
5. Perform moderately taxing continuous physical work using proper body mechanics and ergonomics, often requiring prolonged sitting over several hours.
6. Reach laboratory bench tops and shelves, patients lying in hospital beds or patients seated in specimen collection furniture.
7. Maneuver Medical Laboratory Science equipment to collect laboratory specimens.
8. Manual dexterity to manipulate laboratory equipment using proper ergonomics (i.e., pipettes, inoculating loops, test tubes) and adjust instruments to perform laboratory procedures.
9. Manipulate an electronic keyboard to operate laboratory instruments and to calculate, record, evaluate, and transmit laboratory information.
10. Read and comprehend technical and professional materials (i.e., textbooks, magazine and journal articles, handbooks and instruction manuals).
11. Follow oral and written instructions in order to correctly perform laboratory test procedures.
12. Effectively, confidentially, and sensitively converse with health care team members regarding laboratory tests.
13. Communicate with faculty members, student colleagues, staff and other health care professionals orally and in a recorded format (writing, typing, graphics or telecommunications).
14. Be able to manage the use of time and be able to systematize actions in order to complete professional and technical tasks within realistic constraints.
15. Possess the emotional health necessary to effectively use her or his intellect to exercise appropriate judgment. The candidate must be able to provide professional and technical services while experiencing the stresses of task-related uncertainty (i.e., ambiguous test ordering, ambivalent test interruption), emergent demands (i.e., "STAT" test orders), and a distracting environment (i.e., high noise levels, complex visual stimuli).
16. Be flexible, creative and adapt to professional and technical change.
17. Recognize potentially hazardous materials, equipment and situations and proceed safely in order to minimize risk of injury to self and nearby personnel.
18. Be honest, compassionate, ethical and responsible. The student must be forthright about errors or uncertainty. The student must be able to critically evaluate her or his own performance, accept constructive criticism and look for ways to improve (i.e., participate in continuing education activities). The student must be able to evaluate the performance of colleagues and professionals and tactfully offer constructive comments.

If you are unable to meet the Essential Functions, please contact the Program Director or Disability Resource Center to discuss needed accommodations.

* **I have read and have had the opportunity to have all of my questions answered regarding the Essential Functions for the Phoenix College Medical Laboratory Science Program. My checking this box represents that I understand these requirements.**

Additional Information and Requirements for Acceptance into the Medical Laboratory Science Program

You are responsible for understanding the following information about admission to the Medical Laboratory Science Program at Phoenix College, as well as understanding the following information about participating in the Medical Laboratory Science Program at Phoenix College, if you are accepted into the Program.

I certify that:

- * It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information and requirements WILL adversely affect my admission into the program.
- * I understand that admission into the program is conditional until I have successfully completed all requirements and submit any outstanding documentation to the program director, no later than December 6, 2019. Failure to do so WILL result in removal from the program.
- * I understand that I will be required to submit to an additional background check after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the additional background check, WILL result in removal from the program.
- * I understand that I will be required to submit to, and pass, a drug test after acceptance into the program, prior to clinical externship, and that I am responsible for this expense.
- * I understand and agree to fully participate in classroom, laboratory, and clinical settings and program activities.
- * I understand that I will be required to submit all of my health and safety documentation to an Immunization Compliance Tracker after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the Immunization Compliance Tracker, WILL result in removal from the program.
- * I understand that I must have completed all prerequisites and all general education, prior to admission into the Medical Laboratory Science courses.
- * The information provided in this application is true, correct, and complete to the best of my knowledge. If any information changes (such as name, phone number, or address), it is my responsibility to notify the Medical Laboratory Science Program so the changes can be made in my file.

If you are Accepted Conditionally into the Medical Laboratory Science Program:

There are new standards in effect for all Allied Health and Nursing Student in the Maricopa County Community College District (MCCCD). These changes are necessary due to the fact MCCCD's largest clinical experience hospital partners have established stringent standards that preclude MCCCD from assigning students to those sites who cannot meet those standards. In order for MCCCD students to be able to continue to complete clinical experiences at local hospitals, students must meet these 4 new standards. Failure to complete all of the additional requirements by the deadline(s) WILL result in removal from the program.

1. MCCCD Supplemental Background Check, Immunization Compliance Tracker, and Drug Screen via CastleBranch (cost \$150)
 - a. Background Check
 - i. In addition to the level 1 fingerprint clearance card, each student who is conditionally accepted into the program must provide documentation that he or she has completed and "passed" a MCCCD-supplemental background check. Students are required to pay the cost of obtaining this supplemental background check as part of CastleBranch. Information regarding the background check will be handed out if you are conditionally accepted into the program.
 - b. Immunization Compliance Tracker
 - i. Each student will be required to keep track of their health and safety documentation electronically through an immunization Compliance Tracker via CastleBranch. Students are required to pay the cost of the tracker as part of CastleBranch. Information regarding the immunization compliance tracker will be handed out if you are conditionally accepted into the program.
 - c. Each student who is enrolled in the program must "pass" a MCCCD drug screen. Students are required to pay the cost of obtaining this drug screen. Information regarding the drug screen will be provided if you are conditionally accepted into the program.
2. Clinical Orientation Modules via myClinicalExchange (cost \$37)
 - a. Each student will be required to complete online clinical orientation modules to prepare for clinical externship via myClinicalExchange. Students are required to pay the cost of the online clinical orientation. Information regarding the online clinical orientation will be handed out if you are conditionally accepted into the program.
3. Flu Vaccination
 - a. Each student will also be required to obtain a seasonal flu vaccination, prior to the start of clinical externship, depending on the time year. Students are required to pay the cost of their flu vaccination.

This is for your information only – no action is necessary unless or UNTIL you have been conditionally accepted into the program.

* **I have reviewed the information above and understand the information required from me, if I am conditionally accepted into the Medical Laboratory Science Program.**

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
4. **I understand that failure to obtain a "pass" as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.**
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
8. By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant
Any inclusion on any registered sex offender database
Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
Any conviction of Felony no matter what the age of the conviction
Any warrant any state
Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years
Any other misdemeanor convictions within last 3 years

- Exceptions:

Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCDC background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.

10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

* **I have read and understand the above information.**

Reference Form - Phoenix College Medical Laboratory Science (MLT) Program

Applicant Instructions: This reference is required to complete your application. It must come from an employer who knows you well and can comment on your academic ability, employment skills and your suitability and preparation for a career in Medical Laboratory Science. If you do not have an employer, you can use an instructor who has known you for more than one semester.

Please give the form to your designated reference, providing him or her with instructions to email the completed reference form to:
rochelle.helminski@phoenixcollege.edu

This form can be found at the Phoenix College MLT Program website

This form must be emailed NO LATER THAN September 6, 2019 to: rochelle.helminski@phoenixcollege.edu

This is the last part of the program application.

Your next step will be to electronically sign the application, which automatically submits the application.

Do not submit until you are ready, and your application is complete.

You can not edit the application once you submit your application. You can only submit your application once.

Thank you for applying for the Phoenix College 2019-2021 MLT Program.

Signature _____

Date: _____

Reference Form - Phoenix College Medical Laboratory Science (MLT) Program 2019-2021

Applicant Instructions: This reference is required to complete your application. It must come from an employer who knows you well and can comment on your academic ability, employment skills and your suitability and preparation for a career in Medical Laboratory Science. If you do not have an employer, you can use an instructor who has known you for more than one semester.

Please give the form to your designated reference, providing him or her with instructions to email the completed reference form to: **rochelle.helminski@phoenixcollege.edu**

References provided in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Educational Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- I waive my right of access to this reference form
 I do NOT waive my right of access to this reference form

Applicant's name (please print) _____ **Student ID #** _____

Evaluator Instructions: Please complete the following information and email directly to the Phoenix College Program Director following the directions provided.

Name _____ Title/Occupation _____

Address _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____

How long have you known the applicant as an employee?: _____

In what capacity? (check all that apply): Employer Supervisor Instructor

Please indicate your evaluation of the applicant with a check mark:

	Excellent	Good	Average	Below Average	Not Observed
Intellectual Ability					
Communication Skills					
Emotional Maturity					
Adaptability					
Team Player					
Dependability					
Conflict Resolution					
Awareness of Limitations					
Reaction to Criticism					
Personal Integrity/Honesty					
Overall Evaluation					

Overall recommendation for admission to the Medical Laboratory Science Program:

- I recommend the applicant with no reservation.
 I recommend the applicant with some reservations.
 I do not recommend this applicant.

Additional comments optional. You may attach a separate sheet.

Signature _____ Date _____

This form must be emailed NO LATER THAN September 6, 2019 to:

rochelle.helminski@phoenixcollege.edu

Phoenix College (revised 05.01.2019)
Medical Laboratory Science (MLT level) Program Schedule
2019-2021

PHOENIX COLLEGE COURSES	DATES
MDL190 – Clinical Laboratory Operations	December 6, 2019– January 10, 2020 In-person 12/6, 12/13, 1/10
MDL 240 - Clinical Urinalysis and Body Fluids	January 13, 2020– February 7, 2020
MDL 242 – Clinical Hematology and Hemostasis	February 10, 2020– April 3, 2020
MDL 244 – Clinical Immunohematology and Immunology	April 6, 2020 – May 15, 2020
MDL 252 – Clinical Preparation Course I	May 18, 2020 – May 22, 2020 June 8, 2020 - June 12, 2020 *Course is Monday-Friday, 8am-4:00pm
Clinical Rotations for the above disciplines MDL 241 – Practicum: Urinalysis MDL 243 – Practicum: Hematology and Hemostasis MDL 245: Practicum Immunology and Immunohematology	Urinalysis (48 hours) Hematology (96 hours) Immunology/BB (80 hours) May 26, 2020 – August 14, 2020 (Dates/times variable)
MDL246 – Clinical Microbiology	August 17, 2020 – October 9, 2020
MDL 248 – Clinical Chemistry	October 12, 2020 – December 4, 2020
MDL 263 – Clinical Preparation Course II	December 7, 2020 – December 17, 2020 *Course runs Monday-Friday, 8am-4pm
Clinical Rotations for Microbiology and Chemistry MDL 247 – Practicum: Microbiology MDL 249 – Practicum: Chemistry	Microbiology (120 hours) Chemistry (96 hours) January 4, 2021 – May 7, 2021 (Dates/times variable)
MDL 291 – Medical Laboratory Science Program Capstone	January 10, 2021 – April 19, 2021 In-person 4/16

PC Medical Laboratory Science program hybrid design includes online learning, and classes are held on Fridays from 8:00am-4:00pm at Phoenix College in the spring and fall semesters.

Clinical practicums are completed June through August, and the following January through May, and average 40 hours per week for PC students.

Health and Safety Requirements Worksheet

Name: _____ Date: _____

Use this worksheet ONLY as a guide to ensure that you have documentation of each requirement. Supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement MUST be included. **THIS FORM DOES NOT CONSTITUTE PROOF.**

MMR (Measles/Rubeola, Mumps and Rubella) To meet requirement:

1. MMR vaccination: Dates: #1 _____ #2 _____

OR

2. Date & positive IgG titer results:

Measles: _____

Mumps: _____

Rubella: _____

Varicella (Chickenpox) To meet requirement: History of disease is not sufficient.

1. Varicella vaccination dates: #1 _____ #2 _____

OR

2. Date & positive results of varicella **IgG** titer: Date: _____ Result: _____

Tetanus/Diphtheria/Pertussis (Tdap) To meet requirement you must provide proof of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination

Tdap vaccine: Date: _____

Td booster: Date: _____

Tuberculosis: Documentation is required for all tests. For individuals who have not received a TB test within the past year, will need to receive a 2-Step TB test. This consists of two separate TB test; an initial TB skin test and a second TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

Initial Test (#1) Date: _____ Date Read: _____ Results: Negative or Positive

Boosted Test (#2) Date: _____ Date Read: _____ Results: Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)

Date: _____ Date Read: _____ Results: Negative or Positive

OR

3. Negative blood test (Either QuantiFERON or TSpot)

QuantiFERON Date: _____

T-Spot Date: _____

OR

4. Negative chest X-ray

OR

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire

Date: _____

Health and Safety Requirements Worksheet (con't)

Name: _____ Date: _____

Use this worksheet ONLY as a guide to ensure that you have documentation of each requirement. Supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement MUST be included. **THIS FORM DOES NOT CONSTITUTE PROOF.**

- Hepatitis B** To meet requirement:
1. Positive HbsAb titer Date: _____ Result: _____
OR
 1. Proof of 3 Hepatitis B vaccinations
Hepatitis B vaccine/dates: #1 _____ #2 _____ #3 _____
OR
 2. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.
- Flu Vaccine** To meet requirement:
Documentation of current seasonal flu vaccine Date: _____
- CPR (Healthcare Provider/BSL level or Equivalent) Certification** To meet requirement:
CPR card or certificate showing date card issued: _____ Expiration date: _____
- Level One Fingerprint Clearance Card (FCC)** To meet requirement:
Level One FCC including date card issued: _____ Expiration date: _____
- Health Care Provider Signature Form** To meet requirement:
Healthcare Provider Signature Form signed and dated by healthcare provider. Date of exam: _____

Allied Health Student Health and Safety Documentation Checklist

Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant (print name): _____ Date: _____

_____ WILL OR _____ WILL NOT be able to function as an allied health student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Telephone: _____



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS
VACCINATION DECLINATION**

(PRINT) Student Name _____ Date _____

Hepatitis B Vaccination Declination

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my allied program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the program's requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

Student Signature

Date