



COLLEGE OF  
NURSING &  
HEALTH SCIENCES

*Medical &  
Clinical Lab Sciences*

## **AUBURN UNIVERSITY at MONTGOMERY ONLINE Medical Laboratory Science Application Instructions**

Dear Applicant:

On the following pages you will find the application for admission to the AUM MLS **ONLINE** Option beginning Fall Semester 2019. Students interested in pursuing this option must first be admitted to AUM. An application for admissions to AUM can be found in the *Prospective Students* section at <http://www.aum.edu>. Please refer to the *AUM Undergraduate Catalog* for procedures and requirements for admission to AUM. Transfer students must send official transcripts from all colleges/universities previously attended to the AUM Records Office at the time the application is submitted to AUM.

Once admitted to AUM, this application is to be used to apply for admission to the MLS **ONLINE** Option. Part of this application process involves the applicant reading and reviewing the student handbook. The student handbook for the class beginning Fall Semester 2019 can be found in the *OnLine Section* of the Medical Laboratory Science web page at <http://www.aum.edu/cls>. The student handbook for the class beginning Fall Semester 2019 is version 18, March 2019. As you review this handbook, any questions should be directed to Dr. Kyle Taylor, Program Director. I may be reached by phone at (334)244-3606 or by email at [jtaylor@aum.edu](mailto:jtaylor@aum.edu). After you review the student handbook, complete all parts of the application and return the completed application and other required information to the Program Director no later than the first Monday in July. The application may be mailed to the following address:

Dr. Kyle Taylor  
Auburn University Montgomery  
MLS Program  
P.O. Box 244023  
Montgomery, AL 36124

Please remember to include the following along with this application.

- Verification of MLT/CLT Certification or Equivalent
- Resume of Clinical Facilitator
- Verification that you may receive molecular laboratory training at your clinical site
- Proof of Health Insurance

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**Personal Information**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Other Names Used:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Other Schools Attended:** \_\_\_\_\_  
\_\_\_\_\_

**Recent Photograph**

**Instructions**

Provide a color passport quality photograph of applicant securely affixed in the space to the right. Photograph should be 2" x 2", clear, front view, full face without hat or dark glasses. Full-length photograph, black and white, or computer generated photograph will not be acceptable. Applicant is to sign name across bottom of photograph, partly on photograph and partly upon the page.

Notary is to affix seal directly on photograph.

I certify that the photograph is a true likeness of: \_\_\_\_\_

On this the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**Signature Page**

I, \_\_\_\_\_, desire to apply for admission to the **ONLINE**  
(Print Name)  
Option of the AUM MLS Program beginning Fall Semester 2019.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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I, \_\_\_\_\_, have read the *Student Handbook* (Version 18,  
(Print Name)  
March 2019) and I fully understand the policies for progression and completion of this program and feel I can competently meet the program's minimum essential functions as indicated by my signature below (page 14).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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I, \_\_\_\_\_, give my permission for the AUM MLS  
(Print Name)  
faculty to release grades and other evaluation materials to certification agencies and perspective employers who may request them.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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I, \_\_\_\_\_, agree to purchase malpractice insurance  
(Print Name)  
coverage for my clinical experience training at the level specified in the *Student Handbook*, page 22 (Version 18, March 2019). I also agree to carry health insurance coverage during my clinical experience and provide evidence of health insurance coverage to the AUM Program Director and to my assigned clinical facility (page 23).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**General Information Page 1**

**Degrees/Certification**

**Associate Degree (or equivalent) in Medical/Clinical Laboratory Technology:**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree:  AS  AAS  AA

**Other Degrees:**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_

**National Certification in Medical/Clinical Laboratory Technology:**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Credential:  MLT  CLT  Other

**Please note that verification of national certification MUST accompany this application.**

**Employment/Clinical Experience Provider**

**Current Employer:** \_\_\_\_\_

Years Employed by Current Employer: \_\_\_\_\_ Years in the Medical/Clinical Laboratory Field: \_\_\_\_\_

Has your current employer been approached about serving as a clinical site for your clinical experience?

Yes  No

Has your current employer agreed to serve as a clinical site for your clinical experience:

Yes  No

Once your employer has agreed to serve as a clinical site for your clinical experience, you must find someone who is willing to serve as the **clinical facilitator** for your clinical experience. Your clinical facilitator must be a board certified medical technologist with documented experience and continuing education in the clinical laboratory science field. This clinical facilitator will serve as a contact person between your facility and AUM. The clinical facilitator will **not** serve as a full-time clinical instructor, but should be available to answer questions, evaluate laboratory competencies, and give valuable assistance as needed. Provide the name and contact information for the person who has agreed to serve as your clinical facilitator. **A resume documenting the clinical facilitator's educational background, experience, and continuing education is required and must be submitted with this application.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**General Information Page 2**

**Employment/Clinical Experience Provider continued**

**Notes:**

- 1. AUM reserves the right to determine if the clinical facility is suitable for providing the required clinical experience.**
- 2. The attached Employer Support Form Letter must be completed and included with the application.**

**Track Selection**

The **ONLINE** option in the AUM MLS Program may be completed following a two-year (six consecutive semesters) track or a three-year (nine consecutive semesters) track. Please select the track you intend to follow. Refer to the *MLS Student Handbook - ONLINE Option* for information regarding the two tracks available.

Two-year track

Three-year track

**Health Verification**

Accreditation standards require that all MLS students that participate in clinical experience provide documentation of health. These requirements are discussed in the *MLS Student Handbook - ONLINE Option*. As such, **the following information must be included with this application.**

1. Proof of health insurance. A xerox copy of the front and back of your insurance card will typically satisfy this requirement.
2. Physical Examination. A form is attached with this application which satisfies the physical examination requirement. Within this form is a place to document immunizations and TB skin test results. Please refer to the *MLS Student Handbook - ONLINE Option* for additional information.

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**Physical Examination/Immunization Record Page 1**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

*The Physical Examination/Immunization Record is to be completed by a physician or nurse practitioner.*

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ General Appearance: \_\_\_\_\_

Examination	Normal	Significant Findings
Eyes		
Visual Acuity		
Ears		
Auditory Acuity		
Nose/Throat		
Neck/Back		
Chest		
Lungs		
Heart		
Abdomen		

Laboratory Tests	Results	Laboratory Tests	Results
Urinalysis - pH		Hemoglobin	
specific gravity		Hematocrit	
leukocytes		VDRL/RPR	
nitrite			
protein			
glucose		<b>Diagnostic Test</b>	<b>Results</b> <span style="float: right;"><b>Date</b></span>
ketones		Mantoux Tubercullin Skin Test	Step 1
urobilinogen			Step 2
bilirubin		If Positive (>10mm)	Chest X-ray Reviewed? <span style="float: right;">Yes or No</span>
blood		Comments	

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**Physical Examination/Immunization Record Page 2**

*Immunizations must be current and the dates listed. Immunizations must be verified by the physician's/ nurse practitioner's initials or a copy of the official report/certificate.*

	<u>Date</u>	<u>Verified</u>
Diphtheria/Tetanus (one TD booster within the last 10 years)	_____	_____
Chicken Pox (Varicella) Vaccine (two doses)	_____/____	_____
<b>or</b>		
Previous history of disease (physician diagnosed disease or positive titer)	_____	_____
Mumps Vaccine (live mumps vaccine after age one)	_____	_____
<b>or</b>		
Previous history of disease (physician diagnosed disease or positive titer)	_____	_____
Measles (Rubeola) Vaccine (once if born after 1957, immunity assumed if born before 1957)	_____	_____
<b>or</b>		
Previous history of disease (physician diagnosed disease or positive titer)	_____	_____
German Measles (Rubella) Vaccine (once if born after 1957, immunity assumed if born before 1957)	_____	_____
<b>or</b>		
Positive titer (physician diagnosed disease or positive titer)	_____	_____
Hepatitis B Vaccine	#1	_____
<b>Or</b>		
Positive titer	#2	_____
	#3	_____
FLU Vaccination	_____	_____

In your professional opinion, is there any health problem which would interfere with this individual's ability to complete their medical technology/clinical laboratory science clinical experience?

Remarks:

Signature: \_\_\_\_\_  
 Physician/Nurse Practitioner

Date of Examination: \_\_\_\_\_

**AUBURN UNIVERSITY at MONTGOMERY**  
**ONLINE Medical Laboratory Science**  
**Employer Support Letter**

Prospective Student: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dear Employer:

The prospective student indicated above that is employed at your facility has expressed interest in participating in the AUM MLS **ONLINE** Program. This program allows certified medical/clinical laboratory technicians to complete a baccalaureate degree through an Internet-based learning format and become eligible for certification as a medical laboratory scientist.

The didactic component of this program will be delivered utilizing a self-study format allowing the student to study at their own pace and determine their own schedule. The student will take three courses per semester for six consecutive semesters (there is also a nine semester option available). While taking these courses online, the student will participate in clinical experiences related to their didactic courses. During the clinical experience, the student is expected to develop clinical competencies defined by AUM that are consistent with that of an entry-level medical technologist/clinical laboratory scientist. The clinical experience component of the program must be completed at the student's work facility. The required clinical competencies and a schedule of when these clinical competencies must be completed is provided in the *OnLine Section* of the Medical Laboratory Science web page at <http://www.aum.edu/cls>. The student will be responsible for making these competencies available to the clinical site.

To expedite the clinical experience, the student is required to identify a clinical facilitator. The clinical facilitator should be a certified medical technologist/clinical laboratory scientist that has the experience and continuing education sufficient to properly oversee the student's progress during their clinical experience. The clinical facilitator will **not** serve as a full-time clinical instructor. Instead, the clinical facilitator will serve as a contact person between AUM and this facility as it pertains to this student, will be available to answer questions, and give valuable assistance as needed.

As the student begins each new content area for which clinical experience is required, the student is to meet with the clinical facilitator to schedule the times for clinical experience. MLS Program accreditation guidelines require that clinical experience time be separate from regular work duties.

As part of the application process, each student is required to obtain a signed Employer Support Letter. This letter acknowledges the employer's support for the student's effort to advance their education and the employer's willingness to provide required clinical experiences. By agreeing to provide required clinical experiences, the facility also agrees to provide necessary information about the facility needed by the AUM MLS Program for accreditation purposes and to work with the AUM Program Director to establish an affiliation agreement between AUM and this facility for the duration of this student's clinical experience.

Approval:

\_\_\_\_\_  
Laboratory Manager/Supervisor

\_\_\_\_\_  
Date



## Clinical Facility Fact Sheet (All Programs)

### Facility

Institution	
Address	
City, State, Zip	
Telephone	

### Accreditation

Accredited by	TJC	CLIA	COLA	CAP	Other (please list)
Check all that apply					

### For Phlebotomy Programs only: (N/A)

# of Phlebotomy Procedures per Year	
# of Students in Clinical Experience at a Time	
Type of Sites used for Phlebotomy Experience	Hospital
	Outpatient Clinic
	Outpatient Drawing Station:
	Nursing Home:
	Home Collection

### Clinical Liaison

Name and Position	
Credentials	
Certification/Licensure Agency and Number	
Education	
Length of Experience in Clinical Laboratory	
Types of Positions held in the Field	

### For each of the following clinical areas, please identify (add rows as needed):

Department	# Students in clinical experience at one time	Length of clinical experience
Blood Bank		5 Weeks
Microbiology		6 Weeks
Immunology/Serology		1 Week
Hematology/Coag/Urinalysis		6 Weeks
Chemistry		5 Weeks
Phlebotomy		1 Week