

# HCMC Medical Laboratory Science Program

## Application for Clinical Internship

Deadline: October 15

Please type or print clearly

Date: \_\_\_\_\_

Name \_\_\_\_\_  
 (last) (first) (middle) (former, if any appear on records)

Provide information that will allow us to contact you over the next six months.

Address:

\_\_\_\_\_  
 (street) (city/state) (zip code)

Phone: (\_\_\_\_) \_\_\_\_\_ Social security number: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Education:** contact the academic institutions you have attended and request that your transcripts be sent directly to the Program Director (name/address at end of application).

Name and location of institution	Dates attended		Qtr or Sem hrs rec'd	Major, degree, or certificate
	from	to		
1. _____				
2. _____				
3. _____				
4. _____				

List course number of classes and indicate whether each class is completed (C), in progress (I), or planned (P).

C.P.I	Biology Title	Course #	C.P.I	Chemistry Title	Course #	C.P.I	Related Electives	Course #
___	General Biology	_____	___	General Chemistry	_____	___	Physics	
___	Microbiology	_____	___	Biochemistry	_____	___	Advanced math	
___	Med or Path Micro	_____	___	Organic chemistry	_____	___	Statistics	
___	Hematology	_____	___	Instrumentation	_____	___	Computer Science	
___	Immunology	_____	___	Other (specify)	_____	___	Management	
___	Parasitology	_____	___	_____	_____	___	Education	
___	Anat & Physiology	_____	___	_____	_____	___	Other (specify)	
___	Virology	_____						
___	Mycology	_____	C.P.I	Math Title	Course #			
___	Genetics/Molec	_____	___	_____	_____			
___	Immunohematology	_____						

Cumulative grade point average: \_\_\_\_\_ Science grade point average: \_\_\_\_\_

Clinical Laboratory Experience:

Have you had any previous clinical laboratory experience? \_\_\_ Yes \_\_\_ No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_  
 What capacity? \_\_\_\_\_

Have you ever been enrolled in a hospital medical laboratory (CLS/MT) program? \_\_\_ Yes \_\_\_ No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

## HCMC Application for Clinical Internship

List previous work experience within the past four years:

Company	Position held	Dates of employment
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Company	Position held	Dates of employment
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Company	Position held	Dates of employment
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May we contact your previous employers? \_\_\_ Yes \_\_\_ No

Letters of Recommendation:

List the people to whom you have distributed the attached Letter of Recommendation forms. (At least two - your university MLS/CLS/MT program director and a biology or chemistry professor who is familiar with your work.) References must be sealed or mailed by the person writing the reference.

Name	Position/Title	Phone number
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Name	Position/Title	Phone number
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Name	Position/Title	Phone number
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NOTICE: Public Law 93-380, The Family Educational Rights and Privacy Act of 1974, as amended, specified that you have the right to inspect and review recommendations written on or after January 1, 1975. The law also permits you to sign a waiver relinquishing your right to inspect letter of recommendation. Your signature immediately below this notice constitutes a waiver. No signature means you have the right to inspect the recommendations secured from the above references.

Applicant's signature: \_\_\_\_\_

Date:

### Biographical sketch:

Prepare and attach a brief biographical sketch that includes your reasons for wanting to enter the field of medical laboratory science, your goals, what you feel you can contribute to the profession, what personal positive/negative qualities you feel would be an asset/detriment to you in this profession, and what reservations, if any, you have in relation to the profession (maximum 400 words).

Are you prepared to meet the expenses of this internship, as discussed in the program information? \_\_\_ Yes \_\_\_ No

### Application Instructions:

1. Distribute the Letter of Recommendation forms and ask that they be mailed to the address on the last page by October 15.
2. Read the Technical Standards that follow. If there are any questions, call the HCMC Program Director.
3. Required documents: The following must be received by October 15 to be considered for admission to the HCMC Medical Laboratory Science Program:
  - a. A complete application form including signature form (last page) and biographical sketch.
  - b. Official transcripts from all universities and/or colleges attended.
  - c. Two or three recommendation forms, to be completed by science professor(s) and the affiliated university's MLS/CLS/MT Program Director.
4. HCMC tour: It is highly recommended that each applicant visit HCMC for a tour of the laboratory prior to submitting an application. As an alternative, the tour can be conducted on the day of the interview.

**TECHNICAL STANDARDS FOR THE MEDICAL LABORATORY SCIENCE PROGRAM  
HENNEPIN COUNTY MEDICAL CENTER**

Technical Standards represent the essential non-academic requirements of the program. Therefore all applicants would be expected to be able to do the following upon completion of the Program requirements:

1. Utilize a microscope to identify cells, structures, and organisms.
2. Perform phlebotomy skills.
3. Perform various pipetting techniques using:
  - a. serological pipets
  - b. volumetric pipets
  - c. micropipettors
  - d. re-pipettors
4. Operate laboratory instruments and perform basic quality control and preventative maintenance on laboratory instruments.
5. Perform specified laboratory procedures that require manual dexterity.
6. Prepare blood films for clinical interpretation.
7. Apply basic mathematical calculations to practical lab situations.
8. Read, understand, and perform laboratory testing from written procedures.
9. Distinguish color changes in cells and testing pads.
10. Follow Standard Precautions at all times to decrease risk to the individual.
11. Follow Safety Guidelines to protect the individual.
12. Communicate with patients.

The positions available in the field of medical laboratory science may require all combinations of the following physical, sensory, and environmental conditions:

Key: Rare = Less than once or twice per week                      Occasional = 0-2.5 hours per day  
Frequent = Total of 2.5-5.5 hours per day                      Constant = >5.5 hours per day

**RARE:**

Exposure to radiation (Dependent upon type of procedures)  
Toxic/caustic chemical exposure  
Fumes/Odors/Noxious smells from various types of specimens

**OCCASIONAL:**

Walking	Carrying less than ten pounds
Climbing stairs	Stooping/bending
Reaching below shoulder	Far Vision (>20+ feet)
Simple grasping	Pushing/Pulling

**FREQUENTLY:**

Standing	Sitting
Hand-arm controls	Static neck positions
Talking to co-workers/ or on telephone	Hearing oral information over telephone
Fingering	Carrying negligible amounts of weight
Fine manipulation	
Writing	
Keying/Typing	

**CONSTANT:**

Seeing

- Near Vision (Reading 20 inches or less)
- Depth Perception
- Color Vision

Blood Borne Pathogen Exposure - Standard Precautions are followed to decrease risk and protect the employee.

The following work situation factors may be present:

- Hygiene/appearance demands
- Possible shift work (dependent upon position)
- Customer/public contact
- Reading
- Writing
- Mathematics
- Weighing and/or measuring
- Attentiveness duration - maintaining alertness
- Attentiveness intensity - concentration
- Short term memory
- Long term memory
- Working under specific instructions (No independent action or judgement)
- Ability to problem solve
- Transferring knowledge to unique situations
- Directing, controlling, or planning activities of others
- Evaluating performance of others
- Performing multiple tasks concurrently
- Showing capacity for self-expression
- Working alone or apart, in physical isolation, from others
- Attaining precise set limits, tolerance, and standards (precision)
- Working under time constraints
- Perceive pertinent detail in objects, make visual comparisons and discriminations and see slight differences in shapes and shadings of figures.
- Observe differences in copy, proofread works and numbers, and avoid perceptual errors in arithmetic computation

**Hennepin County Medical Center**

***Medical Laboratory Science Program***

**Signature Form**

I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this information is subject to verification.

I authorize the director of the hospital medical laboratory science program to verify my employment and academic history and release them from any liability in connection with this information.

I have read the Technical Standards (non-academic requirements) and fully understand them. Program representatives have answered any questions that I have concerning them, and how they apply to me, to my satisfaction. It is my belief that I can satisfy each of the Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

I, \_\_\_\_\_ have read, understand, and  
(PRINT NAME)  
agree to the statements above.

**APPLICANT'S SIGNATURE**

\_\_\_\_\_

DATE \_\_\_\_\_

**University MLS/CLS/MT Program Director's signature** \_\_\_\_\_

Return this signature sheet along with the Medical Laboratory Science application form to:

Robbi Montgomery  
MLS Program Director  
Clinical Laboratories  
Hennepin County Medical Center  
701 Park Avenue, P4  
Minneapolis, MN 55415

by the application deadline of October 15. Letters of Recommendation should be sent to the same address.

**Letter of Recommendation  
HCMC Medical Laboratory Science Program**

NAME OF APPLICANT \_\_\_\_\_  
Last
First
Middle Initial

How long have you known applicant? \_\_\_\_\_ (Minimum of 3 months)

In what capacity is applicant known to you?

1. \_\_\_\_\_ employee
2. \_\_\_\_\_ student
3. \_\_\_\_\_ other (please specify) \_\_\_\_\_

**PLEASE CIRCLE ONE ITEM UNDER EACH CHARACTERISTIC LISTED BELOW**

**1. PUNCTUALITY:**

Habitually late      Frequently late      Average      Good      Always on time

**2. INTEGRITY:**

*Would report errors, check a result, assignment or problems without being told to, etc.*

Unsatisfactory      Poor      Average      Good      Excellent

**3. ATTENTION TO RULES AND REGULATIONS:**

Ignores all rules, doesn't know they exist      Average      Good      Follows rules without being prodded.

**4. COMMUNICATION:**

Does not communicate well either in speaking or writing.      Speaks well but does not write well.      Writes well but does not speak well.      Communicates adequately both verbally and in writing      Communicates well verbally and in writing.

**5. INITIATIVE:**

Does only things specifically assigned.      Average      Good      Looks for things to do. Does extra reading. Tries to find solutions to problems. Has leadership abilities.

**6. EMOTIONAL MATURITY:**

Overconfident. Unable to accept responsibility for own mistakes.      Shy, unsure of capability. Needs encouragement.      Moderately confident.      Shows good judgment. Mature, self-reliant.

**7. RESPONSIBILITY:**

Unsatisfactory.  
Takes no  
responsibility for  
work or equipment.

Poor

Average

Good

Accepts responsibility.  
Completes assigned  
tasks on time. Is orderly  
and neat.

**8. ABILITY TO FOLLOW INSTRUCTIONS:**

*On the job or in completing assignments.*

Resents direction.

Does the work first,  
reads the instructions  
later.

Average

Good

Listens or reads  
carefully. Good  
attention to detail.

**9. WORK AREA, RECORDS, REPORTS:**

Messy, disorganized.

Adequate

Good

Excellent, work area orderly  
and uncluttered. Records  
neat, legible and  
understandable. Reports  
neat and correctly written.

**10. ORGANIZATION:**

*(i.e. lab work, assignments, customer relationships).*

Not able to organize work.

Slow to organize and start  
work.

Adequately organized to  
make best use of time.

Very efficient and well  
organized.

**11. SPEED:**

*(i.e. lab work, assignments).*

Works very slowly. Often  
still working after others  
have gone home.

Average

Good

Works quickly without loss  
of accuracy.

**12. QUALITY OF WORK:**

*Consider neatness and work accuracy regardless of volume.*

Careless

Usually accurate and  
thorough.

Dependable. Rarely find  
errors.

Exceptional work. Accurate  
and complete. No spoilage  
or waste.

**13. COOPERATION AND ATTITUDE:**

*Consider attitude towards work, other students, employer, and fellow workers, ability to work with others, etc.*

Unwilling to take part.  
Shows reluctance to  
cooperate. Complains  
frequently. Does not accept  
suggestions.

Usually a good worker.  
Sometimes clashes with  
others and causes friction.  
Usually responds to  
suggestions.

Never complains. A good  
team worker. Does what is  
expected. Shows interest in  
job or department.

Goes out of the way to  
cooperate. Does not have to  
be asked. Adapts to  
situations cheerfully.  
Thoughtful of others.

**14. DEPENDABILITY:**

Needs constant supervision.

Average supervision  
required.

Supervision is required only  
in learning new methods or  
machines.

100% on the job,  
conscientious. Can be  
trusted to work alone  
without supervision.

**15. PHYSICAL DEXTERITY:**  
*(Particularly hands).*

Actual disability.	Awkward	Occasionally erratic in actions.	Handles laboratory equipment well.	Markedly agile with good control.
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*While the following categories will not be applicable for evaluation by all persons completing this form, if you have observed the student in any of the following capacities it would be most beneficial for us to review your comments.*

**16. ABILITY TO WORK UNDER PRESSURE:**

Panics	Nervous and excitable.	Average	Good	Works carefully and calmly in an organized manner.
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**17. JOB KNOWLEDGE AND VERSATILITY:**

*Consider understanding of all aspects of the job assignment, knowledge of basic principles and techniques, ability to transfer knowledge to real work experience in the use of materials, instruments, methods and technical ability.*

Very little knowledge of department or job. Is completely stalled when anything unusual comes up.	Learned only the routine procedures.	Has good working knowledge of basic principles and is able to solve many of own problems.	Thorough grasp of job and more. Able to work out own problems that arise.
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**18. REACTION TO UNPLEASANT SITUATIONS:**

Anger	Annoyance	Apathy	Depends on others for solution.	Actively seeks solution.
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COMMENTS:

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EVALUATED BY:

Signature	Date
Title	Name of Department
Place of Employment	