



Application for Sanford Medical Laboratory Science Program Sioux Falls, SD

- **Applications accepted August 1 through October 1**
- A signed essential requirements form must be included
- A resume is required

<p>Checklist (for office use only):</p> <p>Fee rc'd: _____</p> <p>Transcript(s) rc'd: _____</p> <p>References rc'd: _____</p> <p>Essential form rc'd: _____</p> <p>Resume rc'd: _____</p>
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Deadline for receipt of application and transcript(s) - **October 1**
 Deadline for receipt of references - **October 15**

Application Fee: \$45.00 Payable to: Sanford

Applicant Information

Name: _____ Date of Birth (MM/DD/YYYY): _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone: (_____) _____ Email: _____

Permanent Address: _____
Street City State Zip Code

Alternate Contact

Name of Parent or Closest Relative: _____
Last First Relationship

Phone: (_____) _____ Email: _____

Criminal Background Information

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please explain _____

Please Note: all accepted students will be subject to a criminal background check prior to program start date.

Educational Background

Universities/Colleges Attended:

Name	Location	Date	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is/are your major(s)? _____

What is/are your minor(s)? _____

Will you have a BS/BA degree before entering the program? ___Yes ___No

If yes, will you be enrolled for a MLS degree with your home university? ___Yes ___No

Have you been previously enrolled in a MLT or MLS program and did not complete? ___Yes___No.

If yes, please list the name and dates of the program, in addition to the reason for not completing.

Have you applied to any other MLS clinical programs? If so, please list below.

Employment Background

Are you a U.S. citizen? ___Yes ___No

If you are not a U.S. citizen, what is your VISA type? **Please check below and submit copy with this application.**

Student Exchange visitor Permanent resident other, specify: _____

Professional or Work Experience

Employer	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

Three reference forms are required from applicants. Two of the references are to be from college science professors or clinical laboratory science advisors and the third reference from a former/current employer. *List below three people from whom you plan to obtain a reference.*

1. _____
2. _____
3. _____

The three reference forms are to be completed and returned to the address (or email) at the end of this application **by October 15th**.

Transcripts

Applicants must submit an official transcript from all institutions that courses have been taken from at the time of application. Paper and electronic official transcripts are accepted. Electronic transcripts can be sent directly to meredith.loosbrock@sanfordhealth.org.

In addition, please list here the courses (with credits) now in progress and those planned for the remainder of the year.

In Progress:

Planned:

Interest

In the space below, please write a statement of your interest in the Sanford Medical Laboratory Science Program and your expectations for the clinical year.

I certify that the above information is complete and correct.

Signature of Applicant: _____

Sanford MLS program adheres to fair practices relative to student recruitment, admission and matriculation processes. It does not discriminate with respect to age, sex, marital status, race, color, creed, national origin, or handicap, except those handicaps that may affect bonafide professional performance or academic standards.

Interviews are granted by the program director after all application documents have been received, evaluated and the applicant is deemed eligible for an interview. Sanford reserves the right to limit the number of interviews granted.

Send all information to the following address. Please enclose the \$45.00 Application Fee payable to Sanford.

Meredith Loosbrock, MSA, MLS (ASCP)^{CM}
Sanford MLS Program Director
Sanford USD Medical Center, Lab
1305 W. 18th Street
Sioux Falls, SD 57105