

## Registration Checklist

### Phoenix College –Clinical Laboratory Technician (CLT) Program Application

Preferred Submission Date: December 2, 2005

We appreciate your interest in the Clinical Laboratory Technician Program at Phoenix College. Please follow this checklist carefully to insure that your application and documentation are in order for the selection committee.

- Completed CLT Program Application
- Completed *Program Immunizations & Health Declaration*
- Completed and signed *Health Declaration*– signed after October 1, 2005
- Copy of MMR vaccination records *or* proof of positive titers for Measles, Mumps, and Rubella
- Copy of Varicella vaccination records *or* proof of positive titer for Varicella
- Copy of Tetanus/Diphtheria (Td) vaccination records completed after January 1, 1996
- Copy of Hepatitis B vaccination records *or* proof of positive titer for Hepatitis B
- Copy of Negative TB skin test *or* chest x-ray completed after October 1, 2005
- Copy of CPR card for the Health Care Provider – must be valid through December 31, 2006
- Unofficial high school/college transcript showing completion of prerequisite course work *or* signed waiver for prerequisites
- Copy of high school diploma *or* GED
- Completed reference form, to be mailed separately
- Completed experience/observation form
- Copy of valid Fingerprint Clearance Card

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Number

If you have any questions about this process please contact Debi Moser  
at [debi.moser@pcmail.maricopa.edu](mailto:debi.moser@pcmail.maricopa.edu) or (602)285-7427.



# Clinical Laboratory Technician Program Application

**Preference given to candidates with applications submitted by December 2, 2005**

Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Former Name(s) (Maiden) \_\_\_\_\_  
*(names that may identify transcripts)*

Student Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_  
*work*
*home*

Mailing Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Permanent Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Email Address \_\_\_\_\_

Clinical Laboratory Technician reapplication?     yes, I applied in 2004 at Phoenix College     no

Are you a legal Arizona resident as defined in the Phoenix College catalog?     yes     no

Date present stay in Arizona began \_\_\_\_\_  
*Month Day Year*    *(Date of birth if Arizona resident since birth)*

Most recent state of legal residence prior to moving to Arizona \_\_\_\_\_

What date did you leave that state? \_\_\_\_\_  
**Month Day Year**

**Part I – Education – List each college attended**

COLLEGE – PRINT FULL NAME	CITY AND STATE	DATES ATTENDED

**Check each level of education you have completed:**  
 GED     High School Diploma     AA Degree     Other *(please specify)* \_\_\_\_\_

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## **Part II – Checklist**

Complete **EACH** of the following steps to insure that you receive proper credit:

Submit the following to: Debi Moser, Coordinator  
Clinical Laboratory Technician Admissions Office  
1202 West Thomas Road  
Phoenix, AZ 85013

- \_\_\_1. Completed Clinical Laboratory Technician Application postmarked **OR** hand-delivered
- \_\_\_2. ALL UNOFFICIAL TRANSCRIPTS FROM **EACH** UNDERGRADUATE COLLEGE AND UNIVERSITY ATTACHED TO APPLICATION
- \_\_\_3. Course work approved as substitute or equivalent must have written documentation. Verbal consent will not be accepted.
- \_\_\_4. Request one Reference Form be completed by an employer and mailed directly to Debi Moser (address above).

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Complete **EACH** of the following steps to insure that you receive proper credit:

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

- \_\_\_5. Phoenix College Student Information Form (application), if not currently enrolled.
- \_\_\_6. 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 corequisite, you may have to provide a course description for review by Admissions and Records.

### **International Transcripts**

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

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### **Part III – Course Work**

1. At least **four** prerequisites must be completed and grades posted prior to the Clinical Laboratory Technician Program start date, January 6, 2006.
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.

#### **Prerequisites**

<i>Course</i>		<i>Grade</i>	<i>College</i>	<i>Date Completed</i>	<i>In Progress (Check)</i>
BIO 156	Introductory Biology for Allied Health				
CHM 130 <i>and</i> CHM 130 LL	Fundamental Chemistry <i>and</i> Lab				
MAT 102	Math Concepts <i>or higher level math</i> <i>specify course:</i> _____				
HCC 130	Fundamentals in Health Care Delivery				
HCC 145 AA	Medical Terminology I <i>or comparable course</i>				
HCC 109 <i>or</i> EMT 101	CPR for HC Provider or Current CPR Certificate E (HC or Rescuer Level)				

### **Part IV – Experience in the Clinical Laboratory Field**

Attach the completed documents, “Experience in the Clinical Laboratory Field” and “Clinical Laboratory Field Employment/Observation Verification” (or letter from employer) to your application.

### **Part V - Reference Form**

Request an employer to complete and mail the “Reference Form” directly to Debi Moser.

### **Part VI**

**I certify that:**

1. All information provided in this application is true and complete.
2. I understand that I must have completed at least four prerequisites and be enrolled in the fifth prerequisite, prior to enrolling in the Clinical Laboratory Technician courses.
3. It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information may adversely affect my evaluation.
4. Admission to the program is conditional until all requirements have been satisfactorily completed.
5. I understand and agree to actively participate in the learning process as required.

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**Applicant Signature**

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**Date**

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**Part VII – Additional Information**

Describe any special skills you may possess that would enhance your application to the Admissions Committee.

**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.*

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**Experience in the Clinical Laboratory Field (Attach to your application)**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Briefly describe your duties while observing/working in the clinical laboratory field: \_\_\_\_\_

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**2. Experience**

Select one of the following indicating your total length of experience in the clinical laboratory field:

- 40 hours of observation or volunteer experience
- 6 months to less than 1 year full-time experience
- 1 year to less than 2 years full-time experience
- 2 years to less than 3 years full-time experience
- 3 years to less than 4 years paid full-time experience
- 4 years to less than 5 years full-time experience
- 5 years or more full-time experience

**3. Work Experience/Observation Summary**

Employer	From	To	Number of hours per week
<i>Example: Arizona Clinical Laboratory</i>	<i>Jan./ 2000</i>	<i>Jan./ 2005</i>	<i>40</i>

4. I verify that all of the above information is true and correct. I understand that any falsification could result in non-acceptance into the program or dismissal from the program. Failure to complete and sign this document will result in non-consideration of work/observation experience.

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

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