

# CAROLINAS COLLEGE OF HEALTH SCIENCES

## Application for Medical Laboratory Science

The School for Clinical Laboratory Sciences welcomes applications from all qualified individuals who wish to pursue a career in Medical Laboratory Science. Admission to the program is competitive and meeting the minimum requirements does not guarantee an applicant a place in the program; it places an applicant in the selection process. Qualified applicants are ranked according to cumulative math/science GPA, three references on CCHS forms, and on-site structured interview. To be considered in the selection process, qualified applicants will be required to pass a manual dexterity test and indicate the ability to meet the program's essential functions. Program essential functions are listed on the college website: [www.CarolinasCollege.edu](http://www.CarolinasCollege.edu) or Information Portal: [www.online.CarolinasCollege.edu /School of MLS/MLS program page](http://www.online.CarolinasCollege.edu/School%20of%20MLS/MLS%20program%20page). The highest ranking applicants are offered a position in the program. Send the completed application, application fee, sealed official college transcripts and the 3 references in sealed envelopes in one packet if possible to expedite the application process.

Send completed application packet to:

**Carolinas College of Health Sciences**  
**Attn: Admissions**  
**1200 Blythe Blvd**  
**Charlotte NC 28203**

January class application deadline is June 1 of the previous year. The August class application deadline is November 15 of the previous year. First preference will be given to applications received by the appropriate deadline. Applications received after the deadline will be considered on a space available basis.

Please see the application checklist to ensure you have completed all items needed for admission. The faculty and staff are excited about your interest in our college and in the Medical Laboratory Science program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

*Rhoda Rillorta*

Rhoda Rillorta, MA  
Admissions Coordinator  
704-355-3243

*Nicki Sabourin*

Nicki Sabourin, BA  
Admissions Representative  
704-355-5583

*Diana Bell*

Diana Bell  
Admissions Assistant  
704-355-8383



Your future in healthcare begins here

**CAROLINAS COLLEGE OF HEALTH SCIENCES**  
**School of Clinical Laboratory Science**  
**Medical Laboratory Science Program**

**Admission Requirements**

Minimum admission requirements for the program must be submitted before application can be considered. If the application packet is incomplete, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable \$50 application fee
2. Submit official college transcripts from all post-secondary institutions (for foreign transcripts see International students below). A minimum 2.5 cumulative college GPA and 2.5 math/science GPA is required. Bachelor's degree and all prerequisites must be completed by the beginning of the program.

**Prerequisites:** Baccalaureate degree (preferably in biology or chemistry) with a minimum 16 semester hours in biology including microbiology with lab and immunology, 12 semester hours in chemistry including organic chemistry or biochemistry, and a course in statistics.

**Note:** Courses in immunology, microbiology, organic or biochemistry must be updated if not completed within five years of program start.

3. Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resides in the United States.

**International Students**

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applications with foreign transcripts are required to present an official transcript evaluation from one of the agencies listed below which would include all the courses attempted, credit, and grades earned and verify the U.S. baccalaureate degree equivalency. Additional approved agencies maybe found at [www.ASCP.org](http://www.ASCP.org).

**Contact Information:**

International Education Evaluations, Inc.  
7900 Matthews-Mint Hill Road  
Suite 300  
Charlotte NC 28227  
704-772-0109

World Education Services, Inc.  
PO Box 745 Old Chelsea Station  
New York NY 10013-0745  
212-966-6311

Applicants with a foreign baccalaureate degree must take at least 12 semester hours at an accredited U.S. baccalaureate academic institution before submitting a program application. The Admissions Coordinator and the Program Director will determine/advise specific courses. All three references must be from an instructor, advisor or employer in the United States.

Applicants who attended high school or college outside of the United States must take the TOEFL and achieve a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based).

**Contact Information:** TOEFL – [www.toefl.org](http://www.toefl.org) (school code 5130)



**CAROLINAS COLLEGE OF HEALTH SCIENCES  
School of Clinical Laboratory Science  
Medical Laboratory Science Program**

**Application Check Sheet**

Use the checklist below and ensure all required documentation is submitted for a complete application.

**Spring 2013 Admission**

All items postmarked **by June 1, 2012** will be given first consideration.

\_\_\_\_\_ Application and \$50 non-refundable fee

\_\_\_\_\_ Official college transcripts from all post-secondary institutions attended.  
Must have an overall GPA of a 2.5 or greater and 2.5 math/science GPA.

\_\_\_\_\_ Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.

**Fall 2013 Admission**

All items postmarked **by November 15, 2012** will be given first consideration.

\_\_\_\_\_ Application and \$50 non-refundable fee

\_\_\_\_\_ Official college transcripts from all post-secondary institutions attended  
Must have an overall GPA of a 2.5 or greater and 2.5 math/science GPA.

\_\_\_\_\_ Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.







**Academic Information**

Have you ever attended a health care program at another institution?

- Yes: \_\_\_\_\_ Date of Attendance \_\_\_\_\_  
*Institution attended*
- No

College	City/State or Country	Dates of Attendance	Currently attending (please circle)	Did you/will you Graduate?	Degree (i.e.) AA, BS, MA
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	

Please list **all colleges and universities** where you have attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary.

Have you applied to or attended CCHS previously?  No

Yes \_\_\_\_\_ and/or \_\_\_\_\_  
*Program Year application submitted*

**Demographic/ Background Data:** *Disclosure of this information is voluntary and used for data reporting only*

**Ethnicity:**

- American Indian/Alaskan Native  Asian
- Native Hawaiian or other Pacific Islander  Hispanic
- Black or African American  Two or more races
- White  Unknown

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  F  M

## Community Standards

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A "yes" answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

- Yes**  **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?
- Yes**  **No** Applicants are required to submit a consent form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc... ***You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.***
- Yes**  **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?
- Yes**  **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

### **Read, Sign and Date the following statement**

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

**\*\*\*\*\*We cannot accept your application without your signature**

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

Parent or Guardian (If applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Application fee is \$50. For payment by credit card, use the form below:

**Student Name:** \_\_\_\_\_

**Cardholder Name (if different):** \_\_\_\_\_

**Type of Card (circle one):** Discover      Visa      MasterCard      American Express

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration date:** \_\_\_\_\_      **Transaction Amount:** \_\_\_\_\_

**Transaction Type: \*Application Fee**