

# Program Application

**DMC UNIVERSITY LABORATORIES DRH3-4551**  
**4201 St Antoine**  
**Detroit, MI 48201**

**MEDICAL TECHNOLOGY**  
**CLINICAL EXPERIENCE**

**APPLICATION FOR ADMISSION IN AUGUST OF 20\_\_\_\_ JANUARY OF 20\_\_\_\_**

All questions in this application must be answered. All answers must be printed in ink or typewritten. This application must be filled out and returned to: DMC University Laboratories, Program Director, School of Medical Technology, 4201 St Antoine, Detroit, MI 48201.

**FULL NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
 Have you attended school under another name? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, give name: \_\_\_\_\_

**ADDRESS (Permanent):** \_\_\_\_\_  
(NUMBER) (STREET) (APT#) (CITY) (STATE) (ZIP CODE)

**ADDRESS (Present):** \_\_\_\_\_  
(NUMBER) (STREET) (APT#) (CITY) (STATE) (ZIP CODE)

**PHONE (Permanent):** ( ) \_\_\_\_\_ **PHONE (Cell Phone)** \_\_\_\_\_

**SS# (last 5 digits):** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

Are you 18 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a citizen of the U.S.?. YES \_\_\_\_\_ NO \_\_\_\_\_

If no, do you have a visa? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, specify visa number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what was the crime you were convicted of? \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Have you ever served in the armed forces? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Specify branch \_\_\_\_\_ FROM: \_\_\_\_\_ To: \_\_\_\_\_

How many years will have elapsed since the date when you were last a full-time student? \_\_\_\_\_

**PAST COLLEGE/UNIVERSITY ATTENDED (List present College/University first)**

NAME OF COLLEGE/UNIV.	CITY	STATE	MAJOR	DEGREE & YEAR AWARDED	DATES ATTENDED	
					FROM	TO

Are you working toward : Certificate: \_\_\_\_\_ B.S. Degree: \_\_\_\_\_  
 Expected date of graduation: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have any other degree or certification: YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, complete the following: Certificate name: \_\_\_\_\_  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Do you belong to any professional organizations? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, give name of organization(s): \_\_\_\_\_  
 \_\_\_\_\_

College/University honors you have received: \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR WORK EXPERIENCE IF IN A HEALTH CARE FIELD**

DATES		NAME OF EMPLOYER AND ADDRESS	JOB TITLE
FROM	TO		

**WHY DO YOU WANT TO BE A MEDICAL TECHNOLOGIST? (50 WORDS OF LESS ON A SEPARATE PAGE):**

**STATE OF ACKNOWLEDGEMENT**

Read the following statements before completing, dating, and signing

- Yes/No I have read the Technical Performance Standards/Essential Functions as described on the DMCUL web site.
- Yes/No I can perform all of the standards and functions without reasonable accommodations.
- Yes/No I can perform all of the standards and functions with reasonable accommodations

I certify that the facts set forth in my Application and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application will result in immediate discharge at any time thereafter should I be accepted into a Clinical Laboratory Science Program. I also consent to and authorize the Clinical Laboratory Science Program to contact former and current employers, educational institutions, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also understand that the Clinical Laboratory Science Program may, in its sole discretion, conduct a criminal history check. I hereby consent to having a post-offer physical and/or mental examination(s) and/or test(s) including signing a consent form for drug testing conducted by a physician or other professional and understand that any offer of a position in a Clinical Laboratory Science Program is conditioned upon the results of this examination(s) and/or test(s).

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

No applicant for the Medical Technology Clinical Year, shall be discriminated against because of race, color, creed, national origin, sexual origin, sex, non-disabling handicap, marital status, height, or weight ED-1117.2(12.08)