# ADMISSION REQUIREMENTS MEDICAL LABORATORY SCIENCES

Students seeking admission into the Medical Laboratory Sciences Program must provide all necessary information to the Program Director by May 15th. Applications received after May 15th will be considered on a space available basis. Space in the program is limited. Admission is competitive and based on grades, references, and completion of the group interview/orientation session.

#### THE FOLLOWING MATERIALS MUST BE SUBMITTED:

- A completed application form including signature.
- 2. <u>Three letters of recommendation</u> using the enclosed forms; two must be from college instructors or former employers.
- A <u>current official transcript</u> from each college or university attended.
   The transcript should have a minimum overall grade point overage of 2.0 and a sciences grade point average of 2.0 to be considered for admission.

# NOTE:

All pre-professional course work must be completed prior to the start of the professional program. If courses are currently in progress, or planned for the summer, an updated official transcript will be required prior to the first day of classes in the program. This is necessary to document that all prerequisites have been completed.

Application materials will be reviewed, and a group interview/orientation session will be scheduled with the Admission Committee. A rating system based on the following information will be used in the selection process.

- a. Overall grade point average
- Science grade point average
- Evaluation of references

Successful completion of a criminal background check is required for full admission into the Medical Laboratory Science Program. Students who receive a conditional admission will need to successfully complete a criminal background check through AccuSource. Cost for the background check is approximately \$40. Further directions will be sent when the student is notified of their conditional acceptance. Additional information may be found on the College of Health Professions website.

A student's application will not be considered if his/her file is incomplete. Applicants are personally responsible for ensuring that the items requested above are delivered by **May 15**th to:

Program Director, Medical Laboratory Sciences EHABW 2.206
The University of Texas Rio Grande Valley
College of Health Professions/ Department of Health & Biomedical Sciences
1201 W. University Drive
Edinburg, TX 78539

Or email to: mlsadmissions@utrgv.edu (please add your full name on subject line.)

# Medical Laboratory Science Program Application for Admission

1.	Name:L	ast	First	Midd	le	
2.	Student ID:					
3.	Mailing Address:S	treet	City	State	Zip Code	
4.	UTRGV Email:					
	Non-UTRGV Email:					
5.	Telephone Number:					
6.	Permanent Adress:(If different than mailing address)					
7.	Anticipated Entrance Date:					
8.	Undergraduate Major:					
9.	Please List in chronological order all college or professional schools attended:					
	Institution	Location	Dates	Major	Degree Received	
10	).Do you already hold a bach	- , -	u complete a deg	ree prior to the s	tart of the Program?	
11	. Do you plan to apply for a comprogram?  Note: Students already possed elect to receive a certificate versity of the degree. For further informations apply the degree.	essing a bachelor's degree erifying program completion of for a bachelor's degree in	who meet the biolo on and do not neces on Medical Laborator	ogy, chemistry and	I math requirements may ly for another degree.	
	☐ Yes ☐	No				

-	Applicant's Signature	Date			
I have read and understand the requirements for the Medical Laboratory Sciences Program.  The information I have provided in this application is true and accurate to the best of my known					
te	HealthRequirements: Students will be required to submit immunizations or proof of immunity including measles, mumps, tetanus/diphtheria, rubella, hepatitis B vaccine, and TB test. Clinical affiliation sites may require additional immunizations such as Covid-19 as part of their admission requirements.				
F r	Recommendation Forms: Please sign the top portion of the recommendation form, indicating wheth ight to see any recommendations. Submit a copy of the form to three included be a personal reference; at least two should be former teachers or	lividuals of your choice. Only one			
14.F	Please indicate any other information regarding your qualifications which	you would like for us to consider.			
	Courses	Semester Hours			
13.0	Courses  Courses planned for summer semesters (Note: course must be completed by	Semester Hours  efore beginning of MLS program)			

12. Courses in Progress

"With few exceptions, you are entitled, on your request, to be informed about the information The University of Texas Rio Grande Valley collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the University of Texas Rio Grande Valley correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Rio Grande Valley collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time."

#### **IMPORTANT**

In compliance with the American with Disability Act, the Medical Laboratory Science program provides the following information to aid the applicant/student to determine whether reasonable modification will be needed. Admissions is not based on these standards.

#### **Essential Functions**

#### Visual:

- Visual ability sufficient to differentiate colors, identify structures microscopically and read written materials
  - a. Ability to observe characteristics from biological specimens including but not limited to color, clarity, etc.
  - b. Characterize reagents or chemical products, and the reactions they produce during routine analyses.
  - c. Comprehend text in the form of numbers, graphs letters etc. displayed on an electronic monitor and/or print in the English language.
  - d. Ability to operate a clinical microscope to distinguish various intricate structures such as cells and characteristics to categorize accurately for precise diagnosis of biological disorders/illnesses.

#### **Motor Skills**

- Gross and fine motor skills necessary to manipulate laboratory instruments and equipment consistent with standard of medical laboratory practice
  - a. Perform tasks that require the use of various analyzers and instruments to transmit data essential to patient care.
  - b. Dexterity necessary to use essential tools in a laboratory setting such as pipettes, analyzers, keyboards, computers, heat-fixed tools, loops, etc. as well as venipuncture procedures or other medical procedures

#### **Communication Skills**

- Skills adequate for transmitting information to and from patients and other health professionals
  - a. Provide instructions to patients
  - b. Communicate effectively in written and verbal forms
  - c. Ability to read, comprehend and follow instructions

## **Critical Skills**

- Intellectual attributes sufficient for clinical decision making including in emergency medical situations
  - a. Identify unacceptable results and take appropriate action as well as locate sources of error

## **Behavioral**

- Behavioral attributes sufficient for working in a health care environment and providing patient care
  - a. Ability to adapt to changes regarding technological advancements in healthcare and make critical decisions in times of emergencies and in high-stress environments.
  - b. Work efficiently to reflect swift turnaround times for specific duties and/or tasks.
  - c. Ability to respond ethically and honestly in all decisions including but not limited to:
    - i. Being honest with errors made in the laboratory or work field.
    - ii. Able to receive constructive criticism and self-evaluate for performance improvement.
    - iii. Ability to recognize potentially harmful outcomes to situations that may arise and work to limit harm to oneself and others through safety procedures and protocols.
  - d. If a student is diagnosed with a psychiatric disorder or mental health disorder, he/she may function as a medical laboratory science student if the condition is under control and/or under the care of a clinician. This will allow for accomplishment of the program's educational, psychomotor, and affective goals with or without reasonable accommodation. The student's functioning must oblige by required acceptable standards. In the case of a deteriorating event, the student must be willing to accept professional help before the event can pose danger to self, staff, colleagues, patients, or patient care.

l do or do not		waive my right to see this form.			
	Applicant's Signature				
Medical Laboratory Sci	ence Recomm	endation Form			
Applicant's Name:	Date:				
How long have you known this applicant?Relationship to applicant:					
Based on your knowledge of the applicant, please rate	te the following	characteristics:			
*	Above	Average	Below	Don't Knov	
Enthusiasm	Average	'1	Average	-	
Ability to work independently					
Cooperates with others					
Dependable					
Willingness to accept criticism					
Responsible					
Maintains reasonable composure under pressure					
Maintains high standards of work					
Follows instructions					
Which positive attributes you have observed in the ap  Are there any areas in which you feel the applicant no			cceed in the pro	ogram?	
The thore any areas in trinon you leer the applicant.					
Additional comments:					
Name of person completing form:		T. Comments			
Position/Title:	Organizati	on:			
Phone Number	Fmail:				

DO NOT RETURN THIS FORM TO APPLICANT

Send directly to: Medical Laboratory Science Program, EHABW 2.206 The University of Texas Rio Grande Valley 1201 W. University Dr. Edinburg, TX 78539

Or email to: mlsadmissions@utrgv.edu (Please add applicant's name on subject line)

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Phone Number:	Email:				

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Applicant Instructions: Please check one of the follo	ong aa o.g.,	p. 10 000	g , o	011001	
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