



Mercy Hospital St. Louis  
School of Medical Laboratory Science  
615 S. New Ballas Road  
St. Louis, MO 63141  
314-251-6855

## Medical Laboratory Science Program Application

Date \_\_\_\_\_

Application for Class of \_\_\_\_\_

### ***Personal Data***

Name (Last, First, Middle):

Home Address:

Home Phone Number:

Home E-mail Address:

Address at school (if applicable):

Phone number at school (if applicable):

School E-mail address (if applicable):

Cell Phone Number:

Other contact information:

We will be corresponding with you periodically. Please identify the best means of communicating with you over the holidays, semester breaks, etc.

Are you able to provide documentation that you are authorized to work or attend school in the United States?    ☐ Yes    ☐ No

Mercy Hospital St. Louis and its medical laboratory science (MLS) program do not discriminate against applicants based on race, color, religion, age, sex, sexual orientation, national origin, ancestry, disability, veteran status, genetic information, gender identity, or any other applicable legally protected status.

<b>Education Data</b>	
<i>High School</i> (Name/Address):	Graduation Date:
<i>College/University</i> (Name/Address):	Major: Did you graduate? If yes, degree awarded:
From (Month/Year) – To (Month/Year):	
<i>College/University</i> (Name/Address):	Major: Did you graduate? If yes, degree awarded:
From (Month/Year) – To (Month/Year):	
<i>College/University</i> (Name/Address):	Major: Did you graduate? If yes, degree awarded:
From (Month/Year) – To (Month/Year):	
<i>College/University</i> (Name/Address):	Major: Did you graduate? If yes, degree awarded:
From (Month/Year) – To (Month/Year):	
<i>Graduate School or Other Training</i> (Name/Address)	Major: Did you graduate? If yes, degree/certificate awarded:
From (Month/Year) – To (Month/Year):	

<b>Coursework Data</b>	
<i>Fall Courses in Progress (semester hours)</i>	<i>Spring Courses Planned (semester hours)</i>

Undergraduate Cumulative Grade Point Average (GPA) \_\_\_\_\_

Postgraduate Cumulative Grade Point Average (GPA) \_\_\_\_\_

If you are currently enrolled in a college or university, are you declared as a Medical Laboratory Science/Clinical Laboratory Science/Medical Technology major?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_NA

Will you have or have you completed your bachelor's degree and other program course requirements prior to the start of our clinical program year (approximately the 3<sup>rd</sup> week of June each year)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, degree awarded (if applicable) \_\_\_\_\_

<b><i>Employment Data</i></b>	
Employer Name and Address:	From (Month/Year) – To (Month/Year)  Job Title:  Duties:
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### **An Essay is Required for a Complete Application**

***Please attach a one-page essay which describes your interest in medical laboratory science. What experiences have you had with this field of work? What contacts have you had with individuals working in the field? Why do you want to enter this field?***

By placing my signature on this application:

- I certify the information I have furnished is correct and complete to the best of my knowledge and belief.
- I understand the information contained within will be subject to verification with my past and current employers, my past and current universities/colleges and other persons identified.
- I authorize my past and current employers, educational institutions I have attended and/or others to supply any information they have concerning me, my work performance and/or education during my association with them and release them of liability in connection with the release or use of that information.
- I understand and agree that any misrepresentation, falsification or omission may be considered sufficient cause for rejection of my application or immediate dismissal if accepted as a student in the medical laboratory science program.
- If accepted into the program, I understand I must meet the health standards established by the hospital. Compliance with these standards will be determined by a required physical examination and drug and/or alcohol screens. If any such screens are positive, I understand my acceptance in the medical laboratory science program will be automatically withdrawn.
- If accepted into the program, I understand I will be required to authorize a criminal records and background check. Any information obtained, as a result of the check, will be reviewed by the program director and a representative of the hospital's human resource department on a case-by-case basis prior to decision. The final decision may require automatic withdrawal of acceptance into the medical laboratory program.
- I understand neither admission to nor successful completion of the medical laboratory science program guarantees an offer of employment with Mercy. Also, Mercy Hospital St. Louis does not currently sponsor visas for medical laboratory science positions. Any MLS applicant who cannot be employed in the United States, without such sponsorship, at the time he or she applies for a position within Mercy will not be considered for employment.
- If accepted into the program, I understand I must maintain a current health insurance policy during the program.

Complete the application, sign and date below, and email or mail it to the address listed on page 5 of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the following items:

- application fee (\$25.00) payable by check or money order to **Mercy Hospital St. Louis**
- official transcript for each university/college attended
- completed application with essay
- four completed reference forms
- degree confirmation (if applicable)

Submit application materials by email (PDF format) to [Michelle.Fahs@mercy.net](mailto:Michelle.Fahs@mercy.net) or mail to:

Mercy Hospital St. Louis – MAIN LAB  
School of Medical Laboratory Science  
Attn: Michelle Fahs  
615 S. New Ballas Road  
St. Louis, MO 63141

For Use by MLS Program Only:

Date Received \_\_\_\_\_  
App for Class of \_\_\_\_\_