



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

Clinical Laboratory Science Program Application

Date _____

Application for Class of _____

<i>Personal Data</i>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mercy Hospital St. Louis and its clinical laboratory science (CLS) program do not discriminate against applicants based on race, color, gender, religion, creed, national origin, ancestry, age, disability, sexual orientation, marital status, veteran status, military status or any other characteristic protected by law.

Education Data	
<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):	

Coursework Data	
<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 3rd week of June each year)?

_____ Yes _____ No

If yes, degree to be awarded (if applicable) _____

<i>Employment Data</i>	
Employer Name and Address:	From (Month/Year) – To (Month/Year) Job Title: Duties:
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 clinical 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 clinical 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 clinical 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 clinical laboratory program.
- I understand neither admission to nor successful completion of the clinical laboratory science program guarantees an offer of employment with Mercy. Also, Mercy Hospital St. Louis does not currently sponsor visas for clinical laboratory science positions. Any CLS 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.

Please print out the application, complete it, sign on the signature line and mail it to the address listed on page 5 of this application.

Signature _____

Date _____

Please mail the following items to the address listed below:

- application fee (\$25.00)
 - the check is to be made out to Mercy Hospital St. Louis
- official transcript for each university/college attended
- completed application with essay
- four (4) completed reference forms
- degree confirmation (if applicable)

Terry Taff, MA, MT(ASCP)SM
CLS Program Director
School of Clinical Laboratory Science
Mercy Hospital St. Louis
615 S. New Ballas Road
St. Louis, MO 63141
Terry.Taff@mercy.net
314-251-6855

For Use by CLS Program Only:

Date Received _____
App for Class of _____