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## NewYork-Presbyterian Brooklyn Methodist Hospital Clinical Laboratory Science Program

### TO QUALIFY FOR THE PROGRAM, APPLICANTS MUST:

- Be enrolled in one of NewYork-Presbyterian Brooklyn Methodist Hospital's **affiliated colleges** OR a **regionally accredited college** that will affiliate with NewYork-Presbyterian Brooklyn Methodist Hospital. Affiliated colleges in New York State must be registered for licensure with the New York State Department of Education. Regardless of location, the affiliation process must be completed before a student can enroll in the program.
- Major in the field of medical technology (MT), clinical laboratory science (CLS) OR medical laboratory science (MLS).
- Have a minimum grade point average of 2.0.
- Ensure that they have fulfilled all pre-requisites and/or core requirements required by the college or university granting their degree.
- Have a minimum of 90 college credits. The following courses, or their equivalent, are required for admission:
  - Biology: minimum of 14 credits. This may include general biology, cell biology, and immunology. Microbiology and Anatomy & Physiology is absolutely required.
  - Chemistry: minimum of 12 credits. General and organic chemistry are mandatory, as well as biochemistry OR analytical chemistry.

### New York State Residents:

Beginning September 1, 2013 in order for a student to qualify for licensure to work as a Clinical Laboratory Scientist in the State of New York, they must have received a bachelor's degree in Clinical Laboratory Science or Medical Technology from a program REGISTERED for licensure with the New York State Department of Education, the Office of Professions AND they must have completed coursework in Analytical Chemistry or Biochemistry. NewYork-Presbyterian Brooklyn Methodist Hospital is not a degree granting institution and thus does not qualify to register its program with the New York State Department of Education. Therefore, if a student wishes to attend NewYork-Presbyterian Brooklyn Methodist Hospital AND upon graduation wishes to qualify for New York State Licensure, they must attend through a program REGISTERED for licensure with New York State.

### THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

- Application
- \$100 Non-Refundable Application Fee  
*A check or money order should be made payable to "New York Methodist Hospital."*
- Official College Transcripts  
*Transcripts must be official and in a sealed envelope.*
- Two Professional Reference Letters  
*TWO Professional Reference Letters are required. All references must be submitted on letterhead. Reference letters MAY be sent (in a sealed envelope) directly to the admissions office separately from the application or e-mailed to [admissions@nypcls.org](mailto:admissions@nypcls.org). For your convenience, a Professional Reference Letter Request Form may be found online: [www.nypcls.org/referenceletter](http://www.nypcls.org/referenceletter)*
- Personal Statement  
*In 250-500 words, applicants are asked to discuss why they wish to work in the field of Clinical Laboratory Science and how their anticipated attendance in the CLS program will contribute to their goals.*
- Two Passport Photos (2 x 2 inches/ 51 x 51 mm)
- Copy of a Government Issued Photo ID

Supporting documentation may be mailed separately from the application. However, an application cannot be processed until ALL supporting documentation is received.

The application, including supporting documentation and non-refundable application fee, should be mailed to:

NewYork-Presbyterian Brooklyn Methodist Hospital  
Clinical Laboratory Science Program  
1401 Kings Highway  
Brooklyn, NY 11229

Feel free to contact the Clinical Laboratory Science Program at 718-943-4343 or e-mail [admissions@nypcls.org](mailto:admissions@nypcls.org) with any questions about the program or Admissions Process.

# CLINICAL LABORATORY SCIENCE ADMISSION APPLICATION

PERSONAL INFORMATION

## GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_  
E-mail (required): \_\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female Place of Birth: \_\_\_\_\_

## CITIZENSHIP

Are you a citizen of the United States?  Yes  No (If no, continue below)  
What is your country of citizenship? \_\_\_\_\_  
What is your immigration status?  Exchange Visitor Visa (J-1)  **Visitor's Visa**  Diplomatic Visa  
 Refugee Visa  Student Visa (F-1), Form I-20A-B issued?  Yes  No If yes, by whom? \_\_\_\_\_  
Permanent Resident: Registration No. A- \_\_\_\_\_ Other, please specify: \_\_\_\_\_  
Please provide a copy of your visa or permanent resident card as proof of your immigration status.

## RACE / ETHNICITY (optional)

Are you Hispanic/Latino?  Yes  No  
If no, are you one or more from the following list?  American Indian or Alaska Native  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander  Non-Resident Alien  Other

TECHNICAL STANDARDS

The Technical Standards for the program you are applying for may be found on our website at [www.nypcls.org/technicalstandards](http://www.nypcls.org/technicalstandards)

I have been informed of and understand the technical standards for the program I am applying for and I affirm that I meet all the technical standards as listed. I understand that at the discretion of the program, at any time before or during the program, I may be required to provide confirmation that I meet the technical standards from a medical health professional.

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

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

EDUCATION INFORMATION

HIGH SCHOOL EDUCATION

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Date Graduated: \_\_\_\_\_

If you did not graduate, do you have a High School Equivalency Diploma (G.E.D.)?  Yes  No

POST-SECONDARY EDUCATION

Please list ALL colleges, universities, business and career schools attended and send official transcripts to the admissions office.

Name of School	Dates Attended	Years Completed	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROBATION / SUSPENSION

Have you ever been placed on academic, professional or behavioral probation at an educational institution?

Yes  No If yes, specify: \_\_\_\_\_

Have you ever been suspended or dismissed from an educational institution?

Yes  No If yes, specify: \_\_\_\_\_

ADDITIONAL INFORMATION

Do you hold any professional licenses or registration?  Yes  No

If yes, specify: \_\_\_\_\_

Have you ever applied to or attended any other allied health educational program(s)?  Yes  No

If yes, specify: \_\_\_\_\_

Have you ever been employed by, or attended an educational program at NewYork-Presbyterian Brooklyn Methodist Hospital?

Yes  No

If yes, specify: \_\_\_\_\_

How did you hear about the Clinical Laboratory Science Program?

Internet  Friend  Ad  Employer  Accrediting Agency  Other: \_\_\_\_\_

Please check the appropriate box:

I have had prior laboratory training experience as part of my associate or bachelor degree.

Name of hospital, lab, or clinic: \_\_\_\_\_

I have had prior laboratory experience and have worked for \_\_\_\_\_ years.

Name of hospital, lab, or clinic: \_\_\_\_\_

I have had NO prior laboratory training and have never been employed as clinical laboratory scientist.

Applicant Name: \_\_\_\_\_

EMPLOYMENT HISTORY	EMPLOYER INFORMATION
CRIMINAL BACKGROUND INVESTIGATION/RELEASE	CRIMINAL CONVICTION POLICY
DRUG SCREENING RELEASE	DRUG SCREENING RELEASE

Please complete **your present employer's information (if applicable)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor/Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Worked: \_\_\_\_\_

Type of Business: \_\_\_\_\_

*The Criminal Background Check Policy for the program may be found on our website at [www.nypcls.org/criminalbackgroundpolicy](http://www.nypcls.org/criminalbackgroundpolicy)*

Of my own free will, without promises of immunity or threats of coercion, I agree to allow NewYork-Presbyterian Brooklyn Methodist Hospital to conduct a criminal background investigation prior to my enrollment into its allied health educational program. I hereby agree that the results of the criminal background investigation may be used by NewYork-Presbyterian Brooklyn Methodist Hospital, its officers, agents and employees, both orally and in writing, in order to evaluate my application to the educational program.

I fully understand that the results of the criminal background investigation may prove unfavorable to me. I will not hold any claims against NewYork-Presbyterian Brooklyn Methodist Hospital, its officers, agents or employees for damage or liability to me resulting from this criminal background investigation. I also fully understand that negative results from the criminal background investigation may result in NewYork-Presbyterian Brooklyn Methodist Hospital rescinding any offers of enrollment into its allied health educational program.

I understand that during my time in the program, NewYork-Presbyterian Brooklyn Methodist Hospital may conduct an additional criminal background investigation. I further understand that if the results of the investigation prove unfavorable to me, I may face termination from the educational program. I further understand that throughout the program, clinical affiliates of NewYork-Presbyterian Brooklyn Methodist Hospital may conduct criminal background investigations and if the results of the investigation prove unfavorable to me, I may face termination from the educational program.

\_\_\_\_\_

Signature of Applicant
Date

*The Criminal Conviction Policy for the program may be found on our website at [www.nypcls.org/criminalconvictionpolicy](http://www.nypcls.org/criminalconvictionpolicy)*

I have read and have been made aware of the Criminal Conviction Policy for the program I am applying for and I understand that if I do have a criminal conviction and I decide to enroll in the program, that upon graduation, I may not be eligible to take the licensing/certification examination for which that program will prepare me. I further understand that without such licensure/certification, I may be unable to work in New York State in that professional discipline.

\_\_\_\_\_

Signature of Applicant
Date

*The Drug Screening Policy for the program may be found on our website at [www.nypcls.org/drugscreenpolicy](http://www.nypcls.org/drugscreenpolicy)*

Of my own free will, without promises of immunity or threats of coercion, I agree to allow NewYork-Presbyterian Brooklyn Methodist Hospital to conduct a drug screening prior to my enrollment into its allied health educational program. I hereby agree that the results of such testing may be used by NewYork-Presbyterian Brooklyn Methodist Hospital, its officers, agents and employees both orally and in writing, in order to evaluate my application for the educational program.

I fully understand that the results of the drug screening may prove unfavorable to me. I will not hold any claims against NewYork-Presbyterian Brooklyn Methodist Hospital, its officers, agents or employees for damage or liability to me resulting from the drug screening. I also fully understand that positive results from the drug screening may result in NewYork-Presbyterian Brooklyn Methodist Hospital rescinding any offers of enrollment into its allied health educational program.

I understand that during my time in the program, I may be given a drug screening test by NewYork-Presbyterian Brooklyn Methodist Hospital. I further understand that if I refuse to take a test when requested or the test results are positive, I may face termination from the educational program.

I further understand that throughout the program I may be given random drug screening tests by NewYork-Presbyterian Brooklyn Methodist Hospital and/or any of its clinical affiliates. I also understand that if I refuse to take a test when requested or the test results are positive, I may face termination from the educational program.

\_\_\_\_\_

Signature of Applicant
Date

Additional information regarding the program, including the program's mission statement and goals, may be found online: [www.nypcls.org](http://www.nypcls.org).

*I certify that the information contained within this application is complete and accurate to the best of my knowledge and belief.*

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

\_\_\_\_\_  
Date