

**Application Deadline for the MLT Program is March 20, 2023.**

**Mail to:**

**Ms. Ruth Jacobs, MLT Program Director**

**BridgeValley Community and Technical College**

**2001 Union Carbide Drive**

**South Charleston, WV 25303**

**OR**

**Hand-deliver to Office # 131F Building 2000**

**Application Checklist**

**Please complete this checklist and attach it to the back of your completed application packet. If any portion of the application is not included, the application will not be considered.**

\_\_\_\_ **A**ttached ALL unopened/sealed official transcripts for ALL coursework and transfers from ALL colleges or universities **and** vocational schools attended**.** An official transcript can be obtained from BVCTC Student Services if you are a student at BVCTC and will be sent to the MLT Program Director per your request.

**NEW Students:** Please submit your official copy of your transcript to the Registrar’s office at BVCTC. Request that Student Services deliver a copy of the transcript to me in order to process your MLT application.

\_\_\_\_ Attached ACT/SAT/ Test placement scores unless you transferred into BVCTC with more than 30 college hours completed. These may be printed off the BVCTC web site or an official copy from the agency can be attached to your application.

\_\_\_\_ Attached copy of current licenses, certifications and/or degrees as applicable.

\_\_\_\_ Attached a DETAILED explanation and COPY of all related court copies if ever convicted of a felony, misdemeanor, pled Nolo contendere, or have pending action to any crime involving laboratory practices. (If applicable)

\_\_\_\_ Attached letter of explanation, and a copy of the treatment/record or discharge summary printed on the facility’s letterhead pertaining to any treatment for drug or alcohol abuse, if applicable.

\_\_\_\_ Attached 2 letters of reference attesting to your professional demeanor/work ethic. (May not be a relative)

\_\_\_\_ Attached a brief letter of intent, detailing your reasons for seeking admission to the MLT Program

 \_\_\_\_\_ Attached signed moral character statement found on page 2 of the application.

**Selection Criteria**

The scoring criterion for admission to the MLT program is attached. Review of all qualified applications will begin after March 20, 2023**.** The highest ranked students who meet the qualification deadlines will be provisionally admitted first; other qualified applicants will be placed on a waiting list. The week before classes begin, the wait list is dissolved.

 Failure to fully complete this application, provide truthful information, send required documentation, or failure to report ANY felony or misdemeanor conviction, plea of Nolo contendere or pending court cases in this application will result in immediate disqualification and/or dismissal from the MLT Program. In addition, any subsequent application may not be considered. Information provided to the Medical Laboratory Technology Department is confidential and is used only for selection purposes. Applications are held for one year. If you are not accepted, you will need to reapply at a future time.

 **Please make a copy of the completed application for your records.**

Mail completed application and documents to: OR Hand-deliver all required documents and

 Application to : **BLDG 2000 RM 131F**

 Ruth Jacobs, MLS (ASCP)

 MLT Program Director

 BridgeValley Community and Technical College

 2001 Union Carbide Drive

 South Charleston, WV 25303

**Please confirm receipt of application prior to the deadline date by emailing**

**Ruth.jacobs@bridgevalley.edu**

 

**Application Form for:**

**Associate of Applied Science in Medical Laboratory Technology**

 Medical Laboratory Technology (MLT)

Office 131-F

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **TYPE or PRINT legibly** to minimize delays in processing your application. Return the completed MLT Program Application to the address above. Admission to BVCTC will also be required if you are chosen for the MLT program.

**PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **BVCTC ID:**  | **Last Name:** | **First Name:** | **Middle Initial:** |
| **Social Security #:** | **Mailing Address:** | **City:** | **State/Zip:** |
| **Home Phone:****( )** **Cell Phone:****( )** | **Email Address:** | \*\*\*Used for statistical purposes only – not as an admission criteria\*\***Birthdate:**\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_MM DD YYYY |  |

**EDUCATION:** List chronologically every college, university, high school or other institution(s) you have attended. (If you need additional space attach an extra sheet of paper to list these out). **NEW STUDENTS:** *Official transcripts* *must ALSO be sent to the BVCTC Registrar in Student Services, 2001 Union Carbide Drive, South Charleston, WV 25303 when applying for admission to BVCTC.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Complete Name of Last High School** | **City & State** | **Graduation Year** |  **GED Score, if applicable** |
| **Complete Name of Current or Prior Colleges\*\*** | **City & State** | **Degree Obtained/Expected** | **Dates Attended** |
|  |  |  |  |
|  |  |  |  |
| **Diplomas/Certificates in** **Health Related Fields\*** | **Agency Issuing** | **Credential Obtained** |  **Date Obtained** |
|  |  |  |  |

**\**If you have a diploma or certificate in a related health field, please attach a copy to this application. \*\*Unopened/Sealed Official transcripts from all institutions must also be attached to this application. (Unless they are all coming from BridgeValley Student Services)***

***Please list the required pre-requisite course(s) for the MLT Program in the chart below only if you are currently taking classes in the spring or summer term that will be not reflected on your transcripts.***

|  |  |
| --- | --- |
| ***Course Name and Number*** | ***Taken at which College(or to be taken when and where)*** |
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*The following sections addressing 1) Background Checks and Drug Screens and (2) Statement of Moral Character are not used as admission criteria, but fulfill requirements to apply for MLT licensure and participate in clinical laboratory experiences at certain agencies.*

**Background Check:**

***All students formally accepted/entering the program should be aware that criminal history and drug checks are required. Costs associated with the state and federal criminal history and drug checks will be the responsibility of the student and are assessed with the Program fees charged to the students after being chosen for the program.***

***Please list any medications or personal information which you feel may have an impact on your participation in MLT classes/clinical experiences (i.e. health conditions, etc.)***

**Statement of Moral Character*:***

**Statement of moral character *CANNOT* be completed by a relative (including step-family members or in-laws).**

In the instance an individual has not resided in the area for more than five years and cannot provide this

Statement, a letter of reference from an individual in the area of your prior residence will be accepted.

*This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is personally known to me and is*

*of good moral character. I have known him/her for \_\_\_\_­­­\_\_\_\_\_\_ years. (Length of time you have known*

*applicant must be at least 5 years)*

*I hereby recommend him/her to the BridgeValley Community and Technical College MLT Program.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:*

*Name:*

*Address:*

*Phone Number:*

*Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Admission to the MLT Program and Licensure requirements at the completion of the program**

Applicants to the MLT program must be eligible to meet the requirements for licensure as a “Clinical Laboratory Practitioner—MLT” in the State of West Virginia as stated by the West Virginia Code after obtaining their Associates in MLT degree. (See 64CSR57—Title 64 Series 57) These conditions include:

1. High School graduate or equivalent.
2. Graduate of an accredited school of medical laboratory technology with an associate degree and has passed a national certification exam.

 OR

1. Has successfully completed an accredited program of medical laboratory technology and has at least one year of pertinent full-time experience, having been licensed as a “trainee” during this time period.

In admitting a student to the MLT program, the Medical Laboratory Technology Department is not promising that the State of West Virginia will grant the student licensure. The decision to grant licensure is within the sole discretion of the West Virginia Office of Laboratory Services.

**Other states may have additional or different requirements for licensure. Students planning to apply for initial licensure in another state should contact the Office of Laboratory Services in that state for specifics.**

BridgeValley Community and Technical College (BVCTC) is an equal opportunity/affirmative action institution and does not discriminate against any person because of race, sex, age, sexual orientation, disability, religion, color, national or ethnic origin. This policy extends to all BVCTC activities related to the management of its educational, financial and business affairs, employment practices including, but not limited to, recruitment, hiring, transfer, promotion, training, compensation, and benefits.

***I affirm that the information I have provided on this application form and all other admission application materials are complete, accurate, and true to the best of my knowledge. I give my permission for BridgeValley Community and Technical College at South Charleston, WV to contact any institution or person listed to verify this information.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature of Applicant Date***

***This application is not complete and will not be considered unless ALL transcripts, letters of reference, narrative of intent letter and applicable diplomas or certificate(s) in a health related field are attached.***

|  |
| --- |
| ***For Office Use Only:*** |
| **Applicant Name:** |
| **B #:** |
| **Total Score:** |

***BridgeValley Community and Technical College***

***Associate in Applied Science—Medical Laboratory Technology***

***Selection Scoring Sheet***

**SCORING SHEET**

 *(****To be completed by MLT Program Director****)*

*All transcripts, certifications and any applicable documents must be on record and evaluated to receive credit.*

|  |  |  |
| --- | --- | --- |
| **Cumulative College GPA** | **Points Value Possible** | **Points Value Assigned** |
| 3.75 - 4.00 | **5** |  |
| 3.50 - 3.74 | **4** |
| 3.25 - 3.49 | **3** |
| 3.00 - 3.24 | **2** |
| 2.75 - 2.99 | **1** |
|  |  |  |
| **College Credits Completed**(As of December 31, 2014) | **Points Value Possible** | **Points Value Assigned** |
| 73 + UP | **BVCTC** | **5** |  |
| 73 + UP |  | **4** |
| 49 – 72 | **BVCTC** | **4** |
| 49 – 72  |  | **3** |
| 25 – 48  | **BVCTC** | **3** |
| 25 – 48  |  | **2** |
| 12 – 24  | **BVCTC** | **2** |
| 12 – 24  |  | **1** |

|  |  |  |
| --- | --- | --- |
| **All General Education** | **Point Value Possible** | **Point Value Assigned** |
| (All Courses listed below are to be Completed or in progress in the current semester to receive point) | **1** |  |
| ENGL 101 |  |
| SOCIAL SCIENCE ELECTIVE |  |
| MATH 125 or MATH 130  |  |

|  |  |  |
| --- | --- | --- |
| **Previous Education** **(Highest document will be scored)** | **Points Value Possible** | **Points Value Assigned** |
| Baccalaureate Degree\*\* | **3** |  |
| Associate Degree\*\* | **2** |
| Diploma/Certificate/Skill Set in a Health Related Field\*\* | **1** |
| (Examples: CNA, Phlebotomist, Medical Assisting, EMT, Gerontology etc.) |

 Total points value from page 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Veteran Status** | **Points Value****Possible** | **Points Value Assigned** |
| (Please attach documentation of veteran status) | **1** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Job Experience in Health-Related Fields \*\*\*** | **Points Value Possible** | **Points Value Assigned** |
| Phlebotomist/Certified Lab Asst/Patient Care Tech/Medical Assistant | 3 |  |
| Licensed Practical Nurse/Certified Nursing Assistant | 2 |  |
| Other (unit secretary, medical coder, etc.) | 1 |  |

\*\*\*Provide resume to document work experience\*\*\*

|  |  |  |
| --- | --- | --- |
| **BIOL** | **Points Value Possible** | **Points Value Assigned** |
| Anatomy and Physiology –lecture and lab(BIOL 201) | A=3 B=2 C=1 |  |
| Anatomy and Physiology II – Lecture and lab(BIOL 202) | A=3 B=2 C=1 |  |
| Microbiology Lecture(BIOL 230) | A=3 B=2 C=1 |  |
| Microbiology Lab (BIOL 231)  | A=3 B=2 C=1 |  |
| Chemistry Lecture(CHEM 110) | A=3 B=2 C=1 |  |
| Chemistry Lab  (CHEM 111) | A=3 B=2 C=1 |  |

*Total point values for this page*

*Total point values from page 1 +*

**TOTAL SCORE**