

3300 Gallows Road Falls Church, VA 22042-3300 703-776-2695

Application for Admission School of Medical Laboratory Science

Full Name:						Date:		
	Last	First			M.I.	Date.		
Address:								
/ ladi 033.	Street Address				Apartment/	/Unit #		
	City				State	ZIP Cod	le	
Phone:		E-mail Address:						
Class Year		Have you applied previously		YES	NO			
Applying For:		Inova Fairfax MLS program	?			ndicate year		
Are you a citizer States?	i or the United	YES NO		U.S.?	e you aumonz	zed to work in the	YES	NO
Non-citizens mu	st list type of Visa c	urrent Visa number & expiration	date:					
NOTE: All appli	icants must be lega	Ily eligible to work in the Unite	ed State	es. Docur	nentation mus	st be provided for	verificat	<u>ion.</u>
		Educa	ation					
List all Colleges	and Universities tha	t vou have attended						
College:		Address: _	YES	NO				
From:	To:	Did you graduate?			Degree: _			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree: _			
College:		Address:						
From:		Did you graduate?	YES	NO	Degree: _			
List anv courses	s vou are currently ta	king or plan to take prior to admi	ssion:					
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,							
		Refere						
	individuals whom yo	ou have asked to submit a letter of	of recon	nmendatio	on for you.			
Full Name:				Title				
Email Address:				_				
Full								
Name:				_ Title				
Email Address:								
Full Name:				Title				
Email Address:				_				
	-							

Previous Emplo	oyment (if a	any)			
Company:			Phone:	()	
Address:			Superviso	or:	
Job Title:	From: _			To:	
Responsibilities:					
Reason for Leaving:					
May we contact your previous supervisor for a reference?	YES	NO			
Company:			Phone:	()	
Address:			Superviso	or:	_
Job Title:	From: _			To:	
Responsibilities:					
Reason for Leaving:					
May we contact your previous supervisor for a reference?	YES	NO			
What led you to choose Medical Laboratory Science as your major field of study? Why do you want to be a Medical Laboratory Scientist?	_				
How/where did you find out about the Inova Fairfax Hospital Medical Laboratory Science Program? What motivated you to apply?					
Have you had an opportunity to work in a related field? Provide a					
brief description of this experience.					
In what ways do you think you can make a contribution to Inova					
Fairfax Hospital and to the Medical Laboratory Science Program?					

List or describe additional information about yourself, your training or experience that you feel may be important in considering your application for admission.
Provide a brief personal statement. Please share any additional information not already included on the form that you feel is pertinent to your application. (Attach additional paper if needed)

Essential Functions for Admission to Inova Fairfax Hospital School of Medical Laboratory Science

The National Accrediting Agency for Clinical Laboratory Sciences requires the Medical Laboratory Science Program to publish the essential functions of the program. This information is to be used to become aware and informed of the skills required in the performance of the duties of a Medical Laboratory Scientist and to assess your ability to complete such duties. These essential requirements reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the Medical Laboratory Science Program . These standards are not conditions of admission to the program. Prior to admission each student must agree that they can, and are prepared to meet these requirements with or without reasonable accommodation.

Inova Fairfax Hospital School of Medical Laboratory Science is an equal opportunity employer. Inova Fairfax Hospital and its Program does not discriminate on the basis of gender, age, race, color, creed, religion, pregnancy, or related medical conditions, marital status, national origin, mental or physical disability or any other characteristic protected by applicable federal, state, or local law. The Program will provide reasonable accommodations to otherwise qualified students with disabilities.

The following is a list of the technical abilities and skills:

1. Manual Dexterity

Students must:

- Be able manipulate objects precisely and perform assays that require fine or gross motor skills using good eye-hand physical coordination (such as pipetting, measure and aliquot liquids).
- Be able to handle needles and syringes and perform phlebotomy safely and accurately.
- Be able to handle flammable and hazardous chemicals, electrical and infectious biological materials.
- Be able to reach instruments, bench tops, and equipment to perform duties adequately.
- Be able to carry objects weighing up to 20 pounds and have the stamina to perform academic program functions over an 8 hour day including standing or sitting.
- Be able to maneuver freely in the clinical laboratory setting and in a patient-care setting.

2. Vision

Students must:

- Be able to distinguish colors, hue, shading or intensity and clarity.
- Be able to use a microscope to read biological material and identify fine structural differences and color.
- Be able to read and interpret charts, graphs, and labels in print and video monitor.

3. Communication Skills

Students must:

 Be able to communicate in English, both verbally and in writing to all staff, employees, students, patients and other healthcare workers.

4. Intellectual and Critical Thinking Skills

Students must:

- Be able to judge, comprehend, make calculations, analyze and perform complex interpretative testing.
- Be able to solve problems and apply critical thinking under normal and stressful situations.

5. Ethical Standards

Students must:

 Exercise ethical judgement, integrity, honesty, dependability, patient confidentiality and adhere to the academic and professional code of ethics.

6. Safety

Students must:

- Be able to recognize and respond to safety issues, including recognizing emergency situations and taking appropriate actions.
- Be able to adhere to the regulations of accrediting agencies, comply with safety regulations of the laboratory and maintain a safe environment for themselves and others.

Please read the above listed essential functions carefully. Complete the statement below and return with application.

Discialifier and Signature	
I attest that I have read and understood the essential functions of the Inova Fairfax Hospital School of Medical Laboratory Science. Further, I believe that I am able, and am prepared to meet these requirements. YES NO	
In signing this application, I certify that my answers are true and complete to the best of my knowledge. I hereby give permission to the Inova Fairfax Hospital Medical Laboratory Science Program to investigate all pertinent information concerning my application in order to determine my qualifications for admission. If this application leads to appointment to the Medical Laboratory Science Program, I understand that false or misleading information in my application or interview may be subject to immediate dismissal from the program.	
I understand that Inova Fairfax Hospital School of Medical Laboratory Science is an equal opportunity employer and all applicants are considered for admission without regard to race, gender, age, color, creed, religion, pregnancy, or related medical conditions, marital status, national origin, mental or physical disability or any other characteristic protected by applicable federal, state, or local law.	
Applicant Signature: Date:	

The Inova Fairfax Hospital School of Medical Laboratory Science Program is not authorized by the U.S. Immigration and Naturalization Service to accept non-immigrant foreign students. Issuance of Form I-20 is not permitted. If foreign born, but not a non-immigrant, please submit evidence.