

**PARKVIEW MEDICAL CENTER
SCHOOL OF MEDICAL TECHNOLOGY
LABORATORY
400 WEST 16th STREET
PUEBLO, CO 81003**

Name _____
Last First Middle

Home Address at School _____
Street

City State Zip Code

Home Phone at School Email Address

Home Address if Different From School Street / City / State / Zip Code

Home Phone _____ Social Security Number _____

In Case of Emergency, Notify

Name _____

Phone _____

Address _____
Street City State Zip Code

Have you ever attended a Medical Technology Program before? _____

Approximate Entrance Date _____

EDUCATION: Transcripts must be sent by each institution listed below. List the most recent college/university first.

If you have attended school under another name, give your name, as it will appear on your transcript(s) _____

COLLEGES/UNIVERSITIES ATTENDED (Attach extra sheet if needed)

1. NAME _____ ADDRESS _____
DATES ATTENDED _____ DATE OF GRADUATION _____ GPA _____

2. NAME _____ ADDRESS _____
DATES ATTENDED _____ DATE OF GRADUATION _____ GPA _____

3. NAME _____ ADDRESS _____
DATES ATTENDED _____ DATE OF GRADUATION _____ GPA _____

**COURSES IN PROGRESS & PLANNED
FOR NEXT SEMESTER**

**CREDIT HOURS
SEM./QUARTERS**

**COMPLETION
DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place notify us if you have a change in courses.

EMPLOYMENT RECORD:

1. FIRM NAME AND ADDRESS _____

EMPLOYED FROM _____ TO _____ POSITION _____

DUTIES _____

2. FIRM NAME AND ADDRESS _____

EMPLOYED FROM _____ TO _____ POSITION _____

DUTIES _____

3. FIRM NAME AND ADDRESS _____

EMPLOYED FROM _____ TO _____ POSITION _____

DUTIES _____

REFERENCES: Three references are required. References may be mailed to us separately from the application packet.

PHYSICAL REQUIREMENTS (ESSENTIAL FUNCTIONS):

An applicant must have physical and psychological stamina to work under pressure. The Medical Technological Student must be able to:

- A. Meet the minimum requirements for a MT student
 - 1. Stand and/or sit for 4 – 6 hours per day
 - 2. Perform repetitive tasks/ motions
 - 3. Ability to see; to distinguish colors
 - 4. Hear alarms/telephones/tape recorder/normal speaking voice
 - 5. Have good manual dexterity for performing phlebotomy, handling specimen, operating instruments, and maintaining instruments
 - 6. Move freely and safely about the laboratory/hospital; reach lab bench tops, shelves; reach patients lying in hospital beds or seated in specimen collection chairs, etc.
 - 7. Perform light work – occasionally lifting up to 20 lbs
 - 8. Identify exposure to hazards such as:
 - a. toxic/ caustic chemicals
 - b. communicable diseases
 - c. blood and body fluids
 - d. exposure to moving mechanical parts

- B. Speak and comprehend the English language such that they can communicate effectively with instructors, patients, supervisors, coworkers, visitors and other allied health workers on the telephone or in person.

- C. After demonstration can explain and operate the instrument correctly; can read and explain directions.

- D. Possess intellectual skills – comprehension, mathematical, reasoning, integration, comparison, analysis, and self-expression.

- E. Manage own time and systematize actions to complete assigned tasks in a specified time limit; adapt to professionals and technical change; work safely with potentially hazardous materials thus minimize risk of injury to self, patients or others.

I acknowledge that I have read these ESSENTIAL FUNCTIONS for a MT students and I acknowledge that I am able to perform all these skills.

Signature _____ Date _____

Explain why you have decided to become a Medical Laboratory Technologist and your immediate career goals.

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Name of Applicant _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Opposite each ability and/or attitude, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	Unable to Judge
Enthusiasm for Learning					
Initiative					
Works Well With Others					
self-confidence					
Dependability					
Integrity					
Reaction to Stress					
Accepts Responsibility					
Organizational Ability					
Decision Making Ability					
Attendance/Punctuality					
Communication Skills					

Do you know of any problems that may interfere with this applicant's ability to perform professionally in the clinical education?

Overall Evaluation: Check statement that expresses your judgment.

- _____ Recommend enthusiastically. Exceptional individual.
- _____ Recommend with confidence. Should do well in clinical
- _____ Recommended. Acceptable. Should be able to complete clinical.
- _____ Recommended with reservation. May have difficulty with clinical.
- _____ I do not recommend this applicant.
- _____ Unable to judge.

Comments:

Signature _____ Title/Position _____

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