

PENNSYLVANIA HOSPITAL
 SCHOOL OF MEDICAL LABORATORY SCIENCE
 ROOM CA-S19 CATHCART
 800 SPRUCE STREET
 PHILADELPHIA, PA 19107

APPLICATION FOR ENROLLMENT

NAME: _____ **EMAIL ADDRESS:** _____

PRESENT ADDRESS: _____ **CELL PHONE #:** _____

PERMANENT ADDRESS: _____ **HOME PHONE #:** _____

EDUCATION	SCHOOL AND LOCATION	DEGREE OR COURSE	DATES ATTENDED
HIGH SCHOOL			
COLLEGE OR UNIV.			
OTHER			

TRANSCRIPT: One copy of all official college transcripts is to be submitted with this application.

WORK EXPERIENCE:

EMPLOYER	ADDRESS	PHONE #	WORK DESCRIPTION	DATES

REFERENCES: Please list the names and addresses of **three** persons not related to you and have them submit the attached recommendation form to the above address. (UNDERGRADUATES: include your advisor and a science professor. POSTGRADUATES: include one employer.)

NAME	POSITION	ADDRESS	PHONE #

APPLICATION FOR ENROLLMENT (Continued)

BACKGROUND CHECK: In order to comply with hospital regulations, all accepted students must undergo a background check and drug screen. This will take place before student orientation.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

APPLICANTS ARE SELECTED WITHOUT REGARD TO AGE, SEX, RACE, COLOR, CREED, OR NATIONAL ORIGIN

**PENNSYLVANIA HOSPITAL
SCHOOL OF MEDICAL LABORATORY SCIENCE**

STUDENT WAIVER

APPLICANT NAME: _____

EVALUATOR NAME: _____ Phone #: _____
(please print)

TO THE EVALUATOR: The above-named applicant has requested that you submit a letter of recommendation in support of their application to the School of Medical Laboratory Science at Pennsylvania Hospital. Your evaluation will remain confidential if statement "A" is selected below by the applicant.

THE APPLICANT MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE FAMILY EDUCATIONAL AND PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING EITHER STATEMENT A OR B BELOW.

A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's signature: _____ Date: _____

B. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature: _____ Date: _____

The following traits are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development in Medical Laboratory Science. Indicate your appraisal of the applicant on a scale of 1-5, in which 5 indicates the trait is excellent. The alternate words in parenthesis may not correlate with the trait for this individual; if they do not, please circle the ones that do not correlate and explain why on the lines provided for "Explanation".

5 = Excellent	2 = Below average
4 = Above average	1 = Unsatisfactory
3 = Average	0 = Unable to evaluate

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Interpersonal relationship skills (cooperative, leadership potential) | 5 | 4 | 3 | 2 | 1 | 0 |
| 2. Character (trustworthy, responsible, respectable) | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. Communication skills (articulate, grammatical, attentive) | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. Industry (diligent, good organizer, initiative) | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. Judgment (moral, ethical, realistic) | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Knowledge of profession (opportunities, challenges, responsibilities) | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Maturity (self-discipline, responsive to criticism) | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Motivation (need to succeed, commitment) | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Personality (patient, warm, positive) | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. Personal appearance (neat, appropriate) | 5 | 4 | 3 | 2 | 1 | 0 |
| 11. Psychomotor skills (agile, coordinated, dexterous) | 5 | 4 | 3 | 2 | 1 | 0 |
| 12. Dependability (reliable, prompt) | 5 | 4 | 3 | 2 | 1 | 0 |

Explanation: _____

C. Comments: Additional strengths and/or weaknesses of this candidate pertinent in the evaluation of this applicant. (May send additional letter).

DATE: _____

Signature of Evaluator

Title

Institution

Please return this form promptly to:

**Jean Buchenhorst, MS, MT(ASCP)
Program Director, School of Medical Laboratory Science
800 Spruce Street, Rm. CA-S19 Cathcart
Philadelphia, PA 19107**

**PENNSYLVANIA HOSPITAL
SCHOOL OF MEDICAL LABORATORY SCIENCE**

STUDENT WAIVER

APPLICANT NAME: _____

EVALUATOR NAME: _____
(please print)

Phone #: _____

TO THE EVALUATOR: The above-named applicant has requested that you submit a letter of recommendation in support of their application to the School of Medical Laboratory Science at Pennsylvania Hospital. Your evaluation will remain confidential if statement "A" is selected below by the applicant.

THE APPLICANT MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE FAMILY EDUCATIONAL AND PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING EITHER STATEMENT A OR B BELOW.

C. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's signature: _____ Date: _____

D. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature: _____ Date: _____

C. Comments: Additional strengths and/or weaknesses of this candidate pertinent in the evaluation of this applicant. (May send additional letter).

DATE: _____

Signature of Evaluator

Title

Institution

Please return this form promptly to:

**Jean Buchenhorst, MS, MT(ASCP)
Program Director, School of Medical Laboratory Science
800 Spruce Street, Rm. CA-S19 Cathcart
Philadelphia, PA 19107**

**PENNSYLVANIA HOSPITAL
SCHOOL OF MEDICAL LABORATORY SCIENCE**

STUDENT WAIVER

APPLICANT NAME: _____

EVALUATOR NAME: _____ Phone #: _____
(please print)

TO THE EVALUATOR: The above-named applicant has requested that you submit a graded evaluation in support of their application to the School of Medical Laboratory Science at Pennsylvania Hospital. Your evaluation will remain confidential if statement "A" is selected below by the applicant.

THE APPLICANT MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE FAMILY EDUCATIONAL AND PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING EITHER STATEMENT A OR B BELOW.

E. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's signature: _____ Date: _____

F. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature: _____ Date: _____

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- | | | | | | | |
|--|---|---|---|---|---|---|
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| 3. Communication skills (articulate, grammatical, attentive) | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. Industry (diligent, good organizer, initiative) | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. Judgment (moral, ethical, realistic) | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Knowledge of profession (opportunities, challenges, responsibilities) | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Maturity (self-discipline, responsive to criticism) | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Motivation (need to succeed, commitment) | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Personality (patient, warm, positive) | 5 | 4 | 3 | 2 | 1 | 0 |
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| 11. Psychomotor skills (agile, coordinated, dexterous) | 5 | 4 | 3 | 2 | 1 | 0 |
| 12. Dependability (reliable, prompt) | 5 | 4 | 3 | 2 | 1 | 0 |

Explanation: _____

C. Comments: Additional strengths and/or weaknesses of this candidate pertinent in the evaluation of this applicant. (May send additional letter).

DATE: _____

Signature of Evaluator

Title

Institution

Please return this form promptly to:

**Jean Buchenhorst, MS, MT(ASCP)
Program Director, School of Medical Laboratory Science
800 Spruce Street, Rm. CA-S19 Cathcart
Philadelphia, PA 19107**

STUDENT ESSAY

Name: _____

Date: _____

The aim of the School of Medical Laboratory Science at Pennsylvania Hospital is to graduate persons who are qualified laboratory scientists with a comprehensive knowledge of all aspects of clinical laboratory operation and to develop in its students an appreciation of the professional responsibility for rendering service to the sick and injured.

What do you hope to accomplish by attending Pennsylvania Hospital's School of Medical Laboratory Science? What will you offer to the hospital, the community, and the profession?

FEES AND EXPENSES POLICY

TUITION - The tuition fee for this program is established and reviewed annually in November. The Fee is payable in two (2) installments, due before the first of the month of orientation, and January 15th for the second semester. The program is not eligible for Title IV funding and does not offer financial aid. Students receiving financial aid from their college or university will continue to receive aid during their internship as it represents the 4th year of college or university study.

- a. **Penn State University and King's College** will be billed by the hospital for those undergraduate students enrolled from that institution. University policy is to reimburse the hospital from tuition it receives from the students at a percentage of the tuition each semester.
- b. **Students of other affiliates, graduates and students enrolled under temporary agreement** will be billed directly by the hospital at the rate and times stated in this policy. Payment is made by the individual student to Pennsylvania Hospital.
- c. If a student does not complete the program, refunds for tuition paid will be negotiated. Any subsequent tuition to the hospital will not be billed.
- d. If a student fails to pay tuition, student will not be awarded a graduation certificate nor will grades be forwarded.

BOOKS - Students are required to purchase their own textbooks. The books are made available from Dolbeys Medical Bookstore.

CURRENT FEE SCHEDULE

TUITION	\$10,000.00	Biannual Payments of \$5,000.00 due before class begins and Jan. 15 PENN STATE STUDENTS PLEASE NOTE THAT YOUR TUITION IS DETERMINED BY THE UNIVERSITY, AND NOT PENNSYLVANIA HOSPITAL, THEREFORE YOUR TUITION WILL DIFFER FROM THE ABOVE.
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